## ENRON

#### OIL & GAS COMPANY

P.O BOX 1815, VERNAL, UTAH 84078 (801)789-0790

**September 17, 1991** 

Bureau of Land Management Vernal District 170 South 500 East Vernal, Utah 84078

RE: NOTICE OF STAKING

NATURAL BUTTES UNIT 318-36E

Sec. 36, T95, R22E 43-047-30204 Vintah County, Utah 43-047-30204

Lease No. ML-22650

Dear Mr. Forsman:

Attached is a Notice of Staking on the subject well.

If you require further information, please contact this office.

Very truly yours, ENRON OIL & GAS COMPANY

Sr. Pumper

Attachment

Division of Oil Gas & Mining Doug Weaver/Rod Mellot Darrell Zlomke

File

/1w **NOSL TR**  SEP 1 9 1991

DIVISION OF OIL GAS & MENING

			1.1"					
	● 4 と = 7 ● 5 つ	. £	Literature Transport					
on the common packs.  The first Fig. 1.	**************************************		M1-22650					
		? E	In Indian Assistant	o Tribe Name				
Co Vec Ge. Vec X	Othe	NA.						
		7.	Unit Agreement N	E.D.t				
Nume of Operator		_	Natural Butte	es Unit				
Enron Oil & Gas Comp	any	E	Fam or Lease Na	T) (				
Acciented Operator & April			Natural Buttes Unit					
P.O. Box 1815, Verna	l, Utah 84078	8	Well No					
S tage Location of Viel			318-36E					
(Gavernmente) 1/4 or 1/4 1/4	•	10	Field or Wildcet N	ame				
1869' FNL, 1482' FEL	SE/NW		NBU/Wasatch					
Attach : Topographical or oth		11.	Sec., T., R., M., or Bir and Survey of					
Formation Objective(s)		—	Sec. 36, T95	, R22E				
		12.	County or Parish	13. State				
Wasatch	6500'		Uintah	Utah.				
Location must staked —     b. Access Road Flagged —     c Sketch and/or map of local (To be provided at onsite)     To be Considered By Operate High Potential — NA     b. Private Surface Ownership of Cultural Resources (Archid. Federal Right of Way)  Accitional Information	Completed stion, showing road, ped dimensions Prior to Onsite  - NA	ons, res	erve pit, cuts, and f	ills				
. Signed Lindu S	Wass Title Sr. A	dmin.		9/17/91 55145 P 1 9 1991				

DIVISION OF OIL GAS & MINING

**ENRON** 

#### OIL & GAS COMPANY

P.O. BOX 1815, VERNAL, UTAH 84078 (801)789-0790

September 23, 1991

Bureau of Land Management Vernal District 170 South 500 East Vernal, Utah 84078

RE: NOTICE OF STAKING
NATURAL BUTTES UNIT 318-36E
Sec.36, T9S, R22E
Uintah County, Utah しょう・ウイー 3のつい

Dear Mr. Forsman:

Attached is a corrected copy Notice of Staking on the subject well.

If you require further information, please contact this office.

Very truly yours, ENRON OLE & GAS COMPANY

Jay Orr

Sr. Pumper

Attachment

cc: Division of Oil Gas & Mining
Doug Weaver/Toni Miller
Darrell Zlomke
File

SEP 2 5 1991

DIVISION OF OIL GAS & MINING

/lw Nosltr

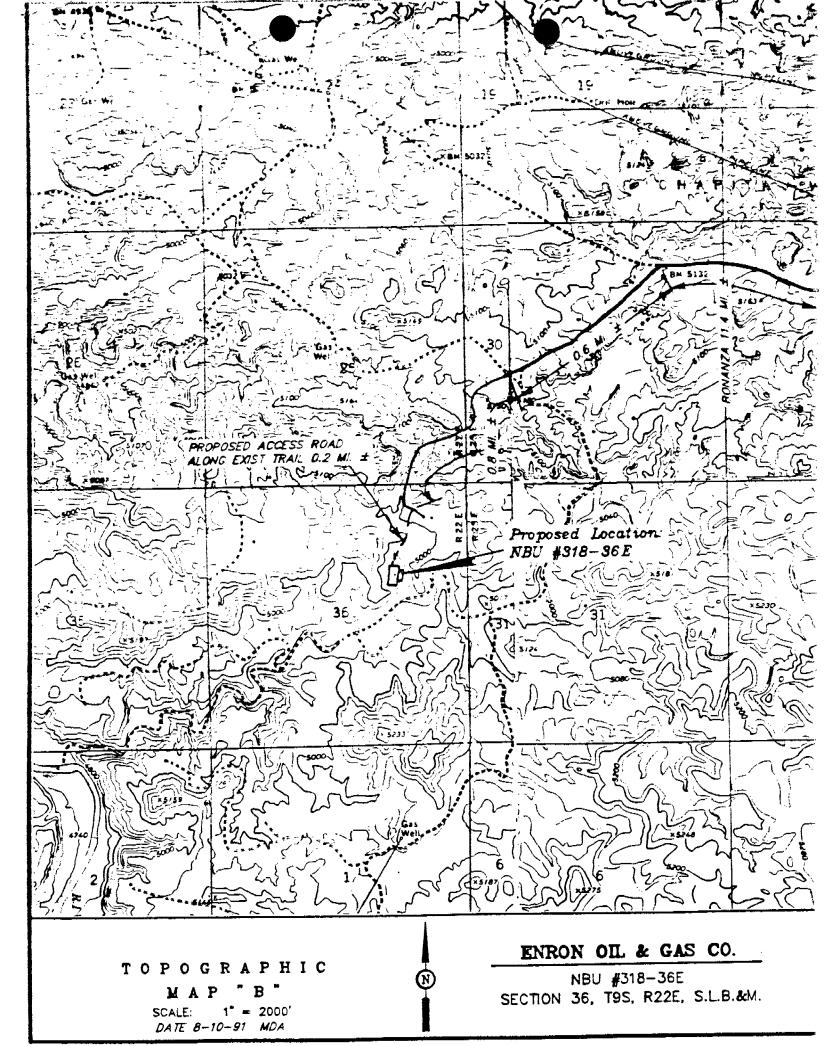
NOTICE OF STAKING RMOGA	5. Lease Number				
(Not to be used in place of 5/5/82	ML-22650				
Application to Drill Form 9-331-C)  1. Oil Well Gas Well X Other	6. If Indian, Allottee or Tribe Name NA				
	7. Unit Agreement Name Natural Buttes Unit				
2. Name of Operator					
Enron Oil & Gas Company	8. Farm or Lease Name				
3. Address of Operator or Agent	Natural Buttes Unit				
P. O. Box 1815, Vernal, Utah 84078	9. Well No. 318–36E				
4. Surface Location of Well	310-302				
(Governmental 1/4 or 1/4 1/4)	10. Field or Wildcat Name				
	NBU/Wasatch				
1869' FNL & 1482' FEL .SWINE					
Attach, Tanaggabiasi ay athay assautahla man	11. Sec., T., R., M., or Blk and Survey or Area				
Attach: Topographical or other acceptable map Showing location, access road, and lease boundaries	Sec. 36, T9S, R22E				
14. Formation Objective(s) 15. Estimated Well Depth	555.55, 155, 1122				
Wasatch 6500'	12. County or Parish 13. State				
	Uintah Utah				
<ul> <li>16. To Be Completed by Operator Prior to Onsite</li> <li>a. Location must staked – Completed</li> <li>b. Access Road Flagged – Completed</li> <li>c. Sketch and/or map of location, showing road, pad dimension (To be provided at onsite)</li> </ul>	ons, reserve pit, cuts, and fills				
17. To Be Considered By Operators Prior to Onsite					
a. H2S Potential - NA					
<ul> <li>a. H2S Potential – NA</li> <li>b. Private Surface Ownership – NA</li> <li>c. Cultural Resources (Archaeology) 8/8/91</li> </ul>					

19. Signed Linda Title Sr. Admin. Clerk Date 9/23/91

18. Additional Information

SEP 2 5 1991

DIVISION OF OIL GAS & MINING





#### OIL & GAS COMPANY

P.O. BOX 1815, VERNAL, UTAH 84078 (801)789-0790

February 24, 1992

Mr. Ronald J. Firth
State of Utah
Division of Oil, Gas & Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

FEB 27 1992 OR GAS & MARKE

RE: APPLICATION FOR PERMIT TO DRILL
NATURAL BUTTES UNIT 318-36E
SECTION 36, T9S, R22E
UINTAH COUNTY, UTAH
LEASE NO. ML-22650

Attn: Mr. Ronald J. Firth

Dear Mr. Firth:

Enclosed are the original and two (2) copies of the Application for Permit to Drill and associated attachments for the referenced well.

If further information is required regarding this matter, please contact this office.

Sincerely,

ENROW OIL & GAS COMPANY

George R. McBride Sr. Production Foreman

Attachments

cc: State Division of Otl, Gas & Mining

D. Weaver/T. Miller

D. Zlomke

Suzanne Saldivar - Houston

Form 3160-3 (November 1983) (foraerly 9-331C)

## UNITED STATES DEPARTMENT OF THE INTERIOR

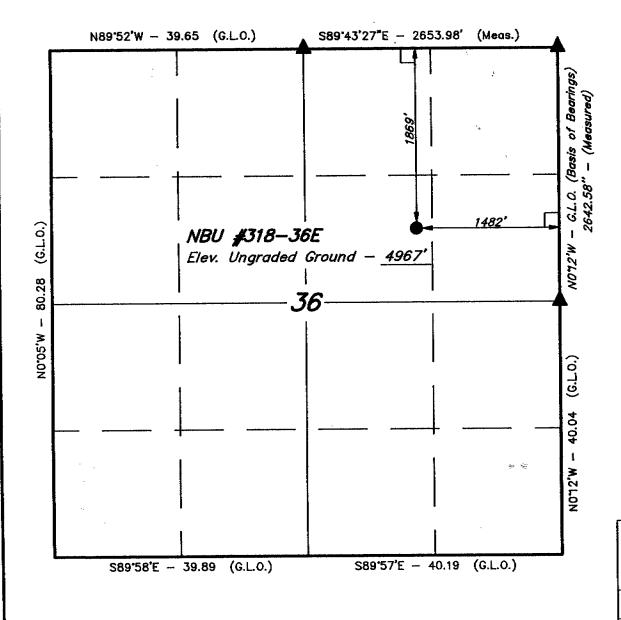
SUBMIT IN THE (Other instru

Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

DRILL EX DEEPEN DIL PLUG BACK NATURAL BUTTES Unit STATES OF OFFICE OF WALL OF OFFICE OF WALL OF OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF OFFICE OF			·	LAND MANA		,		ML-22650	
DRILL EX DEEPEN DIRECTOR SHOULD SHOUL		N FOR I	PERMIT I	O DRILL,	DEEP	EN, OR PLUG	BACK	6. W INDIAN, ALLOTY	SE OR TRIBE NAME
NATURAL BUTTES UNITED TO STANDARD CARRIES OF S	L TYPE OF WORK	MII VV		DEEDEN			ACK []	7. UPIT AGREEMENT	FAMB
WILL WITH CONSTRUCTION OF THE ABOVE OF THE SHAPE OF OTHER PROPERTY OF THE SHAPE OF	. TYPE OF WELL			DECETT!	ئــ	FLUG B	~ <b>~</b> `	1	
NATURAL BUTTERS Unit  PRINT OF CIT & GAS COMPANY  ADDRESS OF OFFICE AND ADDRESS OF STATE OF CASES OF APPROVED FOR THE BASE OF APPROVED CONTROL OF OF APPR	WELL	WELL XX	OTHER					8. FARM OR LEASE N	AMB
ENTRON OIL S GAS COMPANY  P.O. Box 1815, Vernal, Utah 84078  P.O. Box 1815, Vernal, Utah 84078  P.O. Box 1815, Vernal, Utah 84078  In proper p	HAME OF OPERATOR						<del></del> .	Natural E	Buttes Unit
P.O. Box 1815, Vernal, Utah 84078  ACCURTOR WELL (Report Iosation clearly and is secondaries with any Blate requirements.)  ARE SOLOR WILL (Report Iosation clearly and is secondaries with any Blate requirements.)  ARE SOLOR WILL (Report Iosation clearly and is secondaries with any Blate requirements.)  ARE SOLOR WILL (Report Iosation clearly and is secondaries with any Blate requirements.)  ARE SOLOR WILL AND CHARGE AND CHARGE IN THE AND COUNTY OF AREA AND COUNTY OF AREA IN THE AND COUNTY OF AREA IN THE AND CHARGE IN THE AND CHA			Company					9. WELL NO.	THE CASE OF THE
Internation of the control of the								318-36E	
1869' FNL 6 1482' FEL SW/NE  11. AND SOUTH OF SALES  Sec. 36, T9S, R2ZE  11. AND SOUTH OF SALES  Sec. 36, T9S, R2ZE  11. AND SOUTH OF SALES  Sec. 36, T9S, R2ZE  11. AND SOUTH OF SALES  Sec. 36, T9S, R2ZE  11. AND SOUTH OF SALES  Sec. 36, T9S, R2ZE  11. CONTROLL SEC. 18	P.O. Box 1	815, Ve	rnal, I	Utah 840	78		_	<b>V</b>	
ABSOLUTE OF LARE   SW/NE   Sec. 36, T9S, R22E	LOCATION OF WELL ()	Report location	n clearly and	in accordance wi	th any	State requirements.*)		NBU/Wasat	ch 1230
Second   S	1869 FNL At proposed prod. so	& 1482'	FEL	SW/NE			-	AND SURVEY OR	AREA
13 Miles West of Bonanza, Utah    Structed Problem Structure   16. No. or Acres to Market   17. No. or Acres and Administrative   18. No. or Acres to Market   17. No. or Acres and Administrative   18. No. or Acres and No. or Tens and No. or	DIST. WOLLD LIE GOVERN								
DESCRIPTION PROPOSED TO AGREE ABBOURD TO TABLE MEASURE TO THE WAY AND CONTINUOUS					T OFFIC	·B*	*	1 .	1
DOCUMENT TO MARKET  ALL DE SEASON FOR PROPOSED LOCATION TO ALL DE SEASON FOR THE WELL.  BY SEASON FOR PROPOSED LOCATION TO ALL DE SEASON FOR SEASON FOR THE BEASEN FOR ALL STATES FOR AN TERM BEASEN FOR ALL STATES FOR A			Bonanza	a, Utah	1 10 5			<u> </u>	Utah
THE PROPOSED CASING AND CHMENTING PROGRAM    STATE OF MOLE   STATE OF CASING AND CHMENTING PROGRAM	LOCATION TO REARES PROPERTY OR LEASE (Also to mearest dri	T LINE, FT. E. unit line, is	(ADY)	4821	10. 8			HIS WELL	
### SPECIAL PROPOSED CASING AND CEMENTING PROGRAM  ### SPECIAL PROPOSED CASING AND CEMENTING PROPOSED CONTINUES CONTINUES CONTINUES CONTINUES CASENGE CONTINUES CONTINUES CASENGE CASENGE CONTINUES CASENGE C	TO NEAREST WELL, I	DRILLING, COM		3 43 1 1				ARY OR CABLE TOOLS	
### PROPOSED CASING AND CEMENTING PROGRAM  ###################################	OR APPLIED FOR, ON TH	EM LMANK, FT.	1	. 3 /4 ' ±	<u> </u>	1215 WSTC	Ro		
SEE ATTACHMENTS FOR:  Brilling Program  BOP Schematic  Surface Use and Operating Plan  Location Plat  Location Layout  topographic Maps. "A", "B", and "C".  Location Plan.  Location Plan.  Location Plan.  Location Plan.  Location P	•,	ether DF, RT,	GR, etc.)	ŧ				32. APPROX. DATE W	ORE WILL START'
### PROPOSED CASING AND CREATESTING DEPTH   GOAFTET OF CEMENT    ### PROPOSED CASING AND CREATESTING DEPTH   GOAFTET OF CEMENT    ### 12 1/4" 9 5/8" 32.3# 240' 125 sx Class "G" + 2% CaC    ### 7 7/8" 4 1/2" 10.5# 7275' + % #/sx celloflake. 50/90    ### POZMIX + 2% gel + 10% salto 400' above all zones of interest (+ 10% excess).  ### LCM to 100' above oil    ###	4980' GR	· · · · · · · · · · · · · · · · · · ·				MAA		1	
12 1/4" 9 5/8" 32.3# 240' 125 sx Class "G" + 2% CaC 7 7/8" 4 1/2" 10.5# 7275' + 4 #/sx celloflake. 50/ Pozmix + 2% gel + 10% salto 400' above all zones of interest (+ 10% excess).  Light dement (11 PPGt) + 1CM to 100' above oil How the program Bop Schematic  Surface Use and Operating Plan Location Plat Location Layout topographic Maps "A", "B", and "C" Location Layout topographic Maps "A", "B", and "C" Location Plat Location Layout topographic Maps "A", "B", and "C" Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location P	•		P	ROPOSED CASD	NG ANI	CEMENTING PROC	RAM	. •	
7 7/8" 4 1/2" 10.5# 7275' + #/ex celloflake. 50/ Pozmix + 2% gel + 10% salto 400' above all zones of interest (+ 10% excess).  Light dement (11 PPGt) + LCM to 100' above oil HINGN REPORT Fresh water  SEE ATTACHMENTS FOR: DIVISION OF OIL GAS & MINING  B Point Plan Drilling Program BOP Schematic Surface Use and Operating Plan Location Plat Location Layout topographic Maps "A", "B", and "C" Location Layout topographic Maps "A", "B", and "C" Location Layout topographic Maps "A", "B", and "C" Location Foreshave If proposal is to deepen or plag back, give data on present productive some and proposed new productive renter program. If any.  Ser. Admin. Clerk  APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING DATE: BY:  BY:  DATE: BY: BY:  DATE: BY: BY:  DATE: BY: BY: BY: BY: BY: BY: BY: BY: BY: BY	SIZE OF MOLE	MILE OF	CARING	WEIGHT PER P	00T	SETTING DEPTH	<u> </u>	QUANTITY OF CEM	ENT
THIS SEE ATTACHMENTS FOR:    DIVISION OF Oil GAS & MINING   Surface Use and Operating Plan Location Plat Location Layout topographic Maps "A", "B", and "C" Location Layout topographic Maps "A", "B", and "C" Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat Location Plat Location Plat Location Plat Location Layout topographic Maps "A", "B", and "C" Location Plat L	12 1/4"	9 5	/8"	32.3	#	240'	125	sx Class "G	" + 2% CaCl
Pozmix + 2% gel + 10% salt to 400' above all zones of interest (+ 10% excess).  FEB 27 1992  FEB 27 1992  SEE ATTACHMENTS FOR:  DIVISION OF OIL GAS & MINING  Surface Use and Operating Plan  Location Plat  Location Plat  Location Plat  Location Maps "A", "B", and "C"  ABOVE SPACE DESCRIBE PROPOSED PRODUKT: Expressible to deepen or plag back, give data on present productive worken by any of the subject we renter program. If any.  SEGNED  SEGNED  SEGNED  APPROVED BY  APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING  DATE: BY:  APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING  DATE: BY:  DATE: BY: BY: BY: BY: BY: BY: BY: BY: BY: BY	7 7/8"	4 1	/2"			7275'			
SEE ATTACHMENTS FOR:  Oil GAS & MINING  Surface  Surface  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Location Plat  Location Layout  topographic Maps "A", "B", and "C"  ABOVE PRES DESCRIES PROPOSED PROGRAM: If proposed is to deepen or plug back, give data on present productive some and proposed new productive. If proposed is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout renter program, if any.  SEGNED  SIGNED  APPROVED BY THE STATE  OF UTAH DIVISION OF  OIL, GAS, AND MINING  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  DATE:  BY:  BY:  BY:  BY:  BY:  BY:  BY:  B					_	<u></u> •	HNICAL RE	M to 100' a	bove oil water
8 Point Plan Drilling Program BOP Schematic Surface Use and Operating Plan Location Plat Location Layout topographic Maps "A", "B", and "C" ABOVE SPACE DESCRIPE PROFOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive sone and proposed new productive renter program, if any.  SIGNED  SI	SEE ATTACH	MENTS I	FOR •			IA OI	, DI.	31110	
Drilling Program  BOP Schematic  Surface Use and Operating Plan  Location Plat  Location Layout  topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Topographic Maps. "A", "B", and "C"  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be toperator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be the designated operator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be toperator of the subject we under Nation Wide Bond #81307603.  Enron Oil and Gas Company will be toperator of the su			OK.	OIL G	AS&	MINING 39	ol. ————————————————————————————————————	-//472	
BOP Schematic Surface Use and Operating Plan Location Plat Location Layout Location Layout topographic Maps "A", "B", and "C" ABOVE BPACE BEFORE PROPOSED PROPARM: If proposal is to deepen or plug back, give data on present productive some and proposed new productive in proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout renter program, if any.  SIGNED  APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING DATE: BY:  BY:  BY:  BY:  BY:  BY:  BY:  BY						∵ Su	face 🗔	1-3/12/02	
Surface Use and Operating Plan  Location Plat  Location Layout  topographic Maps "A", "B", and "C"  ABOVE BPECE DESCRIPE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive sone and proposed new productive renter program, if any.  SIGNED  APPROVED BY  THES  Sr. Admin. Clerk  APPROVED BY THE STATE  OF UTAH DIVISION OF  OIL, GAS, AND MINING  CONDITIONS OF APPROVAL, IF ANY:  DAIE:  BY:  BIGNED  BIGNED  APPROVED BY  TITLE  DAIE:  BY:  BY:  BY:  BY:  BY:  BY:  BY:  B	neiting b	rogram					eten	<i>' '</i>	
topographic Maps "A", "B", and "C"  ABOVE SPACE DESCRISE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive sone and proposed new productive et. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout venter program, if any.  SEGNED STATE  (This space for Federal or State effice use)  APPROVED BY THE STATE  OF UTAH DIVISION OF OIL, GAS, AND MINING  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  BY:  BY:  BY:  BY:  BY:  BY:  BY:	Surface Us Location P	e and C lat	perati	ng Plan		designate	ed oper	ator of the	subject we
APPROVED BY THE STATE  PERMIT NO. 43-047-30004  APPROVED BY THE STATE  OF UTAH DIVISION OF  OIL, GAS, AND MINING  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:  DATE:  BY:  MERCE PROPOSED FROMEN: M proposed new productive some and proposed new proposed new productive some and proposed new productive some and proposed new proposed			# <u> </u>	R" and "	<b>~</b> "			•	
ST. Admin. Clerk  ST. Admin. Clerk  APPROVED BY THE STATE  APPROVED BY THE STATE  OF UTAH DIVISION OF  OIL, GAS, AND MINING  CONDITIONS OF APPROVAL, IF ANY:  BY:  BY:  ST. Admin. Clerk  APPROVED BY THE STATE  OF UTAH DIVISION OF  OIL, GAS, AND MINING  BY:  BY:	ABOVE SPACE DESCRIBI e. If proposal is to	: PROPOSED FR drill or deepe	OGRAM : M pr	roposal is to deep	en or p	ing back, give data on a subsurface locations	present prod and measure	active sone and propos f and true vertical dept	ed new productive hs. Give blowout
(This space for Federal or State effice use)  APPROVED BY THE STATE  OF UTAH DIVISION OF  OIL, GAS, AND MINING  APPROVAL DATE  ONDITIONS OF APPROVAL, IF ANY:  DATE:  BY:  BY:	venter program, if an	<b>y.</b>							· · · · · · · · · · · · · · · · · · ·
APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING CONDITIONS OF APPROVAL, IF ANY:  DATE: BY:	BIGNED .	la V	[ W	200 -	LB	Sr. Admin.	Clerk	BAYS 2/	25/92
APPROVAL DATE OF UTAH DIVISION OF OIL, GAS, AND MINING CONDITIONS OF APPROVAL, IF ANY:  DATE: BY:	(This space for Fede	ral or State e	(Sice use)			Parate and the second s	The second section of the second		The state of the s
APPROVAL DATE OF UTAH DIVISION OF OIL, GAS, AND MINING CONDITIONS OF APPROVAL, IF ANY:  DATE: BY:	4	3 - Ad-	7. 30°C	201			APPRO'	VED BY THE	STATE
OIL, GAS, AND MINING CONDITIONS OF APPROVAL, IF ANY:  DATE:  BY:	7 NO	J 07	V " _ JW	<u> </u>	<del></del>	APPROVAL DATE	OF U	<del>TAH DIVISIO</del> N	OF -
CONDITIONS OF APPROVAL, IF ANY:  DATE:  BY:  HITTER  BY:  BY:  BY:  BY:  BY:  BY:  BY:  BY			•				OIL, G	AS, AND MIN	IING
BY: Mithew	CONDITIONS OF APPROV	AL, IF ANY:		TIT	CB		_	_ <i>3"/<del>9_</del>_</i>	
			7.1	•		•		101 200	4,10
								11/1/1	W-

## T9S, R22E, S.L.B.&M.



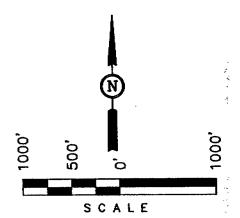
▲ = SECTION CORNERS LOCATED. (Brass Cops)

### ENRON OIL & GAS CO.

Well Location, NBU #318-36E, Located as Shown in the SW 1/4 NE 1/4 of Section 36, T9S, R22E, S.L.B.&M. Uintah County, Utah.

#### BASIS OF ELEVATION

TWO WATER TRIANGULATION STATION IN THE NW 1/4 OF SECTION 1, T10S, R21E, S.L.B.&M. TAKEN FROM THE BIG PACK MTN. NE QUADRANGLE, UTAH, UINTAH COUNTY, 7.5 MINUTE SERIES (TOPOGRAPHICAL MAP) PUBLISHED BY THE UNITED STATES DEPARTMENT OF THE INTERIOR, GEOLOGICAL SURVEY. SAID ELEVATION IS MARKED AS BEING 5238 FEET.



## CERTIFICATE LANC

THIS IS TO CERTIFY THAT THE ABOVE THAT WAS PREPARED OF FIELD NOTES OF ACTUAL SURVEY MADE BY ME OR UNDER SUPERVISION AND THAT THE SOFT AFE TRUE AND CORRECT DEST OF MY KNOWLEDGE AND THE NO. 5709

REGISTINGED LAND SURVEYOR REGISTRATION NO. 5709

# UINTAH ENGINEERING & LAND SURVEYING P. O. BOX 1758 - 85 SOUTH - 200 EAST VERNAL, UTAH - 84078

SCALE 1" = 1000'	DATE 8-11-91 REFERENCES G.L.O. PLAT				
PARTY G.S. B.R. MDA					
WEATHER HOT	FILE ENRON OIL & GAS CO.				

### EIGHT POINT PLAN

### NATURAL BUTTES UNIT 318-36E SECTION 36, T9S, R22E UINTAH COUNTY, UTAH

### 1. & 2. ESTIMATED TOPS & ANTICIPATED OIL, GAS & WATER ZONES:

FORMATIONS	DEPTH	TYPE ZONES	MAXIMUM PRESSURE
Out of Pitters			
Green River			
"H" Marker	2,736′		
"J" Marker	3,371′		
Base "M" Marker	3,905′		
Wasatch			
Peters Point	4,302	Gas	2,400 PSI
Chapita Wells	4,832	Gas	2,700 PSI
Buck Canyon	5,392	Gas	3,000 PSI
Island	6,315	Gas	3,400 PSI
EST. TD	7,275′	Anticipated BHP	3,400 PSI

All depths are based on estimated KB elevation 4,992'. Maximum pressure estimates are based on bottom hole pressures measured on offset or near vicinity wells to the subject well.

3. PRESSURE CONTROL EQUIPMENT: BOP Schematic Diagram attached.

### 4. CASING PROGRAM:

				MINIMUM SAFETY FACTOR
HOLE SIZE	INTERVAL	LENGTH SIZE	WEIGHT GRADE	COLLAPSE BURST TENSILE
			32.3# H-40 ST&C	1400 PSI 2270 PSI 254,000#
	0'-7275'	7275′ 4 1/2"	10.5# J-55 ST&C	4010 PSI 4790 PSI 146,000#

All casing to be used will be new or inspected.

#### **EIGHT POINT PLAN**

#### NATURAL BUTTES UNIT 318-36E PAGE NO. 2

#### 5. MUD PROGRAM:

<u>INTERVAL</u> 0' - 240'

200' - 4000'

4000' - 6500'

6500' - TD

MUD TYPE

Air

Air/Mist & Aerated Water Aerated 3% KCl water or KCl

substitute

Gel/polyacrylamide polymer w/LCM

sweeps. Utilize air as necessary to

The state of the s

minimize mud loss and prevent

excessive water influx.

Severe lost circulation probable from 1000' to 3000'. Sufficient mud inventory will be maintained on location during drilling to handle any adverse conditions that may arise.

#### 6. **EVALUATION PROGRAM:**

Logs:

Dual Laterolog/GR

FDC-CNL/GR/Caliper

Linear 2" DLL

From base of surface casing to TD.

TD to 2700'.

Cores:

None Programmed.

DST':

None Programmed.

Completion: To be submitted at a later date.

#### 7. ABNORMAL CONDITIONS:

None anticipated.

#### 8. STANDARD REQUIRED EQUIPMENT:

- A. Choke Manifold
- B. Kelly Cock
- C. Stabbing Valve
- D. Visual Mud Monitoring

Attachment: BOP Schematic Diagram

CWU318-36PP

/LW

# CONDITIONS OF APPROVAL FOR THE SURFACE USE PROGRAM OF THE APPLICATION FOR PERMIT TO DRILL

Company/Operator:	Enron Oil & Gas Company					
Well Name & Number:	Natural Buttes Unit 318-36E					
Lease Number:	ML-22650					
Location: 1869' FNL	<u>&amp; 1482' FEL SW/NE Sec. 36 T. 9S R. 22E</u>					
Surface Ownership:	Federal Lands - BLM					

#### NOTIFICATION REQUIREMENTS

Location Construction -	forty-eight (48) hours prior to construction of location and access roads.					
Location Completion -	prior to moving on the drilling rig.					

Spud Notice	-	at least twenty-four (24) hours prior to spudding the well.
		the werr.

Casing String and	-	twenty-four (24) hours prior to running casing and
Cementing		cementing all casing strings.

BOP and related	_	twenty-four	1241	hours	nrior	to	runnina	casino	and
bur and related	_	cwency-rour	(64)	HUUI 3	hi ini	ĻU	r with ring	casing	unu
Equipment Tests		tests.							

First Production - Notice	within five (5) business days after new well begins or production resumes after well has been off
	production for more than ninety (90) days.

For more specific details on notification requirements, please check the Conditions of Approval for Notice to Drill and Surface Use Program.

#### THIRTEEN POINT SURFACE USE PROGRAM

#### 1. EXISTING ROADS

- A. See attached Wellsite Plats showing directional reference stakes on location, and attached TOPO Map "B" showing access to location from existing road.
- B. The proposed well site is located approximately 13 miles west of Bonanza, Utah See attached TOPO Map "A".
- C. Refer to attached Topographic Map "A" showing labeled access route to location.
- D. Existing roads will be maintained and repaired as necessary. No off lease Right-of-Way will be required.

#### 2. PLANNED ACCESS ROAD

- A. The access road will be 0.2 mile in length. See attached TOPO Map "B".
- B. The access road has a 30 foot ROW w/18 foot running surface.
- C. Maximum grade on access road will be 5%.
- D. No turn outs will be required.
- E. Road drainage crossings shall be of the typical dry creek drainage crossing type.
- F. No culverts, bridges or major cuts & fills will be required.
- G. The access road will be dirt surface.
- H. No gates, cattleguards or fences will be required or encountered.

New or reconstructed roads will be centerlined - flagged at time of location staking.

All travel will be confined to existing access road Right-of-Way. Access roads and surface disturbing activities will conform to standards outlined in the Bureau of Land Management and Forest Service Publication: Surface Operating Standards For Oil & Gas Exploration and Development, (1989).

The road shall be upgraded to meet the standards of the anticipated traffic flow and all-weather road requirements. Upgrading shall include ditching, drainage, graveling, crowning, and capping the roadbed as necessary to provide a well constructed safe road. Prior to upgrading, the road shall be cleared of any snow cover and allowed to dry completely. Traveling off the 30 foot Right-of-Way will not be allowed.

Road drainage crossing shall be of the typical dry creek drainage crossing type. Crossings shall be designed so they will not cause siltation or accumulation of debris in the drainage crossings nor shall the drainages be blocked by the roadbed. Erosion of drainage ditches by run off water shall be prevented by diverting water off at frequent intervals by means of cutouts. upgrading shall not be allowed during muddy conditions. Should mud holes develop, they shall be filled in and detours around them avoided.

No Right-of-Way applications will be required.

As operator Enron Oil & Gas Company shall be responsible for all maintenance on cattleguards, or gates associated with this oil and/or gas operation.

## 3. LOCATION OF EXISTING WELLS WITHIN A ONE MILE RADIUS OF PROPOSED WELL LOCATION

- A. Water wells None.
- B. Abandoned wells None
- C. Temporarily abandoned wells None
- D. Disposal wells None
- E. Drilling wells None
- F. Producing wells Twelve See attached TOPO Map "C" for location of producing wells.
- G. Shut in wells None
- H. Injection wells None

#### 4. LOCATION OF EXISTING/AND OR PROPOSED FACILITIES

#### A. ON WELL PAD

- 1. Tank batteries None
- Production facilities will be set on location if well is successfully completed for production. Facilities will consist of well head & valves, separator, dehy, 210 BBI condensate tank, meter house and attaching piping.
   See attached facility diagram.
- 3. Oil gathering lines None
- 4. A 3 1/2" gathering line will be buried from dehy to south edge of location.
- 5. Injection lines None
- 6. Disposal lines None
- 7. Surface pits None

#### B. OFF WELL PAD

- Proposed location of attendant off pad gas flowlines shall be flagged prior to archaeological clearance.
- 2. A 4 1/2" OD steel above ground natural gas pipeline will be laid approximately 500' from proposed location to a point in the SE/4 NE/4 of Sec. 36, T9S, R22E where it will tie into Questar Pipeline Co.s' existing line. Proposed pipeline crosses State administered lands within the Chapita Wells Unit, thus no Right-of-Way grant will be required. See attached Exhibit A showing pipeline route.
- Proposed gas gathering pipeline will be a 4 1/2" OD steel, welded line laid on the surface.
- 4. Protective measures and devices for livestock and wildlife will be taken and or installed where required.

If storage facilities/tank batteries are constructed on this lease, the facility/battery or the well pad shall be surrounded by a containment dike of sufficient capacity to contain, at a minimum, the entire content of the largest tank within the facility/battery, unless more stringent protective requirements are deemed necessary by the authorized officer.

The production facilities will be placed on the west side of location.

All permanent (on site for six months or longer) structures constructed or installed (including pumping units) will be painted a flat, non-reflective, earthtone color to match one of the standard environmental colors, as determined by the Rocky Mountain Five State Interagency Committee. All facilities required will be painted within 6 months of installation. Facilities required to comply with O.S.H.A. (Occupational Safety and Health Act) will be excluded. The required paint colors is Carlsbad Canyon. If at any time the facilities located on public land and authorized by the terms of the lease are no longer included in the lease (due to a contraction in the unit or other lease or unit boundary change), BLM will process a change in authorization to the appropriate rental or other financial obligation as determined by the authorized officer.

Control of the second

#### 5. LOCATION & TYPE OF WATER SUPPLY

- Water supply will be from Ouray Brine Plant at Ouray, Utah, and/or Target Trucking Inc.s' water source in the SW/SW Sec. 35, T9S, R22E, Uintah County, Utah (State water right #49-1501). Water will be hauled by Target Trucking Inc.
- В.
- С. No water well will be drilled on lease.

#### 6. SOURCE OF CONSTRUCTION MATERIAL

- All construction material for this location and access road will be of native borrow and soil accumulated during the construction of location.
- В. All construction material will come from Federal Land.
- С. No mineral materials will be required.

#### 7. METHODS OF HANDLING WASTE DISPOSAL

- METHODS AND LOCATION
  - 1. Cuttings will be confined in the reserve pit.
  - 2. A portable toilet will be provided for human waste during the drilling and completion of the well. Disposal will be at the Vernal sewage disposal plant.
  - 3. Burning will not be allowed. Trash and other waste material will be contained in a wire mesh cage and disposed of at an approved waste disposal facility.
  - 4. Produced waste water will be confined to a lined pit or storage tank for a period not to exceed 90 days after initial production. During the 90 days period, an application for approval of a permanent disposal method and location, together with the required water analysis, will be submitted for the AO's approval
  - All chemicals will be disposed of at an authorized disposal 5. site. Drip pans and absorbent pads will be used on drilling rig to avoid leakage of oil to pit.

B. Water from drilling fluids and recovered during testing operations will be disposed of by either evaporating in reserve pit or be removed and dispose of at an authorized disposal site. Introduction of well bore hydrocarbons to reserve pit will be avoided by flaring them off in flare pit at time of recovery.

Burning will not be allowed. all trash must be contained in a trash cage and hauled away to an approved disposal site at the completion of the drilling activities.

On State administered land:

The reserve pit will be constructed so as not to leak, break, or allow discharge.

The reserve pit shall not be lined.

After first production, produced waste water will be confined to a lined pit or storage tank for a period not to exceed ninety (90) days. During the 90 day period, in accordance with NTL-2B, an application for approval of a permanent disposal method and location, along with required water analysis, shall be submitted for the AO's approval. Failure to file an application within the time allowed will be considered an incident of noncompliance.

#### 8. ANCILLARY FACILITIES

A. No airstrips or camps are planned for this well.

#### 9. WELL SITE LAYOUT

- A. Refer to attached well site plat for related topography cuts and fills & cross sections.
- B. Refer to attached well site plat for rig layout and soil material stockpile location as approve on On-site.
- C. Refer to attached well site plat for rig orientation parking areas, and access road.

The reserve pit will be located on the east side of location. The flare pit will be located downwind of the prevailing wind direction on the east side of location a minimum of 100 feet from the well head and 30 feet from the reserve pit fence. The stockpiled topsoil will be stored on the west corner.

Access to the well pad will be from the north.

_NA	Diversion ditch(es) shall be construct on the
	Diversion ditch(es) shall be construct on theside of the location (above/below) the cut slope, draining to the
NA_	Soil compacted earthen berm(s) shall be placed on the
	side(s) of the location between the
_NA_	side(s) of the location between the
	location.
NA_	The reserve pit and/or pad locations shall be constructed long and
	narrow for tonographic reasons
NA_	
	avoid the .

FENCING REQUIREMENTS

All pits will be fenced according to the following minimum standards:

A. 39 inch net wire shall be used with at least one strand of barbed wire on top of the net wire. (barbed wire is not necessary if pipe or some type of reinforcement rod is attached to the top of the entire fence).

B. The net wire shall be no more than 2 inches above the ground. The barbed wire strand shall be 3 inches above the net wire. Total eight

of the fence shall be at least 42 inches.

C. Corner posts shall be cemented and/or braced in such a manner to keep the fence tight at all times.

D. Standard steel, wood, or pipe posts shall be used between the corner braces. Maximum distance between any two posts shall be no greater than 16'.

E. All wire shall be stretched by using a stretching device before is be attached to the corner posts.

The reserve pit fencing will be on the three sides during drilling operations and on the fourth side when the rig moves off the location. Pits will be fenced and maintained until clean-up.

Each existing fence to be crossed by the access road shall be braced and tied off before cutting so as to prevent slacking of the wire. The opening shall be closed temporarily as necessary during construction to prevent the escape of livestock, and upon completion of construction the fence shall be repaired to BLM or SMA specifications. A cattleguard with an adjacent 16 foot gate shall be installed in any fence where a road is to be regularly travelled. If the well is a producer, the cattleguards (shall/shall not) be permanently mounted on concrete bases. Prior to a new road, crossing any fence located on federal land, or any fence between federal land and private land, the operator will contact the BLM, who will in turn contact the grazing permittee or owner of said fence and offer him/her the opportunity to be present when the fence is cut in order to satisfy himself/herself that the fence is adequately braced and tied off.

#### 10. PLANS FOR RESTORATION OF SURFACE

A. PRODUCING LOCATION

Immediately upon well completion, the location and surrounding area will be cleared of all unused tubing, equipment, debris, materials, trash, and junk not required for production.

Immediately upon well completion, any hydrocarbons on the pit shall be removed in accordance with CFR 3162.7-1.

If a plastic nylon reinforced liner is used, it shall be torn and perforated before backfilling of the reserve pit.

The reserve pit and that portion of the location not needed for production facilities/operations will be recontoured to the approximate natural contours. The reserve pit will be reclaimed within 90 days from the date of well completion. Before any dirt work takes place, the reserve pit will be completely dry and all cans, barrels, pipe, etc., will be removed.

Contact appropriate surface management agency for required seed mixture.

B. DRY HOLE/ABANDONED LOCATION

At such time as the well is plugged and abandoned, the operator will submit a subsequent report of abandonment and BLM will attach the appropriate surface rehabilitation conditions of approval.

1	1.	•	<b>SURFACE</b>	OWNER	SHIP

Access road:	State	
Location:	State	

#### 12. OTHER INFORMATION

A. Enron Oil & Gas Company will inform all persons in the area who are associated with this project that they are subject to prosecution for knowingly disturbing historic or archaeological sites, or for collecting artifacts. if historic or archaeological materials are uncovered during construction, the operator will immediately stop work that might further disturb such materials, and contact the AO. within five working days the AO will inform the operator as to:

-whether the materials appear eligible for the National Register of historic Places;

The mitigation measures the operator will likely have to undertake before the site can be used.

-a time frame for the AO to complete an expedited review under 36 CFR 800.11 to confirm, through the State Historic Preservation Officer, that the findings of the AO are correct and that mitigation is appropriate.

If the operator wished, at any time, to relocate activities to avoid the expense of mitigation and/or the delays associated with this process, the AO will assume responsibility for whatever recordation and stabilization of the exposed materials may be required. Otherwise, the operator will be responsible for mitigation costs. The AO will provide technical and procedural guideline for the conduct of mitigation. Upon verification from the AO that required mitigation has been completed, the operator will then be allowed to resume construction.

B. As operator Enron Oil & Gas Company will control noxious weeds along Right-of-Ways for roads, pipelines, well sites or other applicable facilities. A list of noxious weeds will be obtained from the State, or the appropriate County Extension Office. On State administered land a Pesticide Use proposal shall be submitted, and given approval, prior to the application of herbicides or other pesticides or possible hazardous chemicals.

C. Drilling rigs and/or equipment used during drilling operations on this wellsite will not be stacked or stored on Federal Lands after the conclusion of drilling operations or at any other time without BLM authorization. However, if BLM authorization is obtained, it is only a temporary measure to allow time to make arrangements for permanent storage on commercial facilities. (The State does not seek to compete with private industry. There are commercial facilities available for for stacking and storing drilling rigs.)

ii it languarestillan 4 heastan eittivit

<u>ibbA</u>	tion	al	Surface Stipulations
	<u>NA</u>	No	construction or drilling activities shall be conducted between and because of
	<u>NA</u>		surface occupancy will be allowed within 1,000 feet of any sage ouse strutting ground.
	_NA_	Йo	construction or exploration activities are permitted within 1.5 le radius of sage grouse strutting grounds from April 1 to June 30.
	<u>NA</u>	The	ere shall be no surface disturbance within 600 feet of live water ncludes stock tanks, springs, and guzzlers).
		Йo	cottonwood trees will be removed or damaged.
	<u>NA</u>	apı	nd will be constructed according to BLM specifications proximatelyftof the location, as flagged onsite.

#### LESSEE'S OR OPERATORS REPRESENTATIVE AND CERTIFICATION

Enron Oil and Gas Company P.O. Box 1815 Vernal, Utah 84078 George McBride

Telephone: (801) 789-0790

Enron Oil and Gas Company P.O. Box 250 Big Piney, Wyoming Jim Schaefer Telephone: (307) 276-3331

All lease/or unit operations will be conducted in such a manner that full compliance is made with all applicable laws, regulations, Onshore Oil and Gas Orders, the approval plan of operations, and any applicable Notice to Lessees. Enron Oil & Gas Company is fully responsible for the actions of their subcontractors. A copy of these conditions will be furnished to the field representative to insure compliance.

A copy of the approved APD and ROW grant, if applicable, shall be on location during construction of the location and drilling activities

The BLM Office shall be notified upon site completion prior to moving on the drilling rig.

#### Certification:

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which presently exist; that the statements made in the Plan are to the best of my knowledge, true and correct; and that the work associated with the operations proposed here in will be performed by ENRON OIL & GAS COMPANY and its contractors and sub-contractors in conformity with this Plan and the terms and conditions under which it is approved.

GEORGE R. MCBRIDE

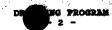
SR. PRODUCTION FOREMAN

lw CWU318-36EPP

## DRILLING PROGRAM Date: February 4, 1992

REVISION NO.	& DATE:
PROSPECT: NATURAL BUTTES UNIT LEASE:	ML-22650 (0050627-000)
WHIL NAME & NUMBER: Natural Buttes Unit 318-36	52
WELL CLASSIFICATION: <u>DW-GAS</u> ANTICIPATED PRODUCTION:	GAS X OTHER
LOCATION CALL: 1869' FNL & 1482' FEL (SW NE)  Section 36, T98, R22E	<del></del>
Uintah County, Utah	<del>.</del>
ELEVATION: 4980' GL, 4992' KB (estimated)	
DIRECTION LIMITATIONS: Maximum deviation for the hothan a 1./100' dogled severity. See page number 4 for surveys.	or distance between
CONDUCTOR MEEDED? No. If yes, size & how set:	
CRITERIA FOR DETERMINING CASING SEAT FOR CRITICAL ST	
CENTRALIZERS (DEPTE & TYPE):	
surface - One 5-10' above shoe & top of first, second	ond & fourth joint.
Production - One @ middle of 1st it & every third co	ollar to 4500'±

-2.4



	STAGE COLLARS, BASKETS, UTHER SPECIAL EQUIPMENT:
	Burface - Guide shoe
	Production - Guide shoe and differential fill float collar with top plug.
	Marker joints @ 3000'± and 5000'±.
	PUMPING RATES/SPECIAL INSTRUCTIONS: Circulate casing two hours prior to
•	cementing. Reciprocate casing.
	LOGGING PROGRAM: DLL/GR from TD to base of surface casing.
	FDC/CNL/GR/caliner from TD to 100' above Green River *H* Marker.
	Continue caliper to desired top of cement.
	CORES: None are anticipated.
	SAMPLES: Collect 30' samples from below surface casing to 3900't. Collect 10'
	samples from 3900't to TD.
	FORMATION TESTS: None are anticipated.
	MUD LOGGING: (Includes services & depth): From 3900'± to TD.
	DETECTION & CONTROL EQUIPMENT: 10" 3000 psig BOP with blind and pipe rame.
	10" Annular Preventor, 10" rotating head. Test manifold & BOP's to 3000 psig.
	annular preventor to 1500 psig. surface casing to 1500 psig.
•	Use certified pressure testing service company and leave a copy of the
	test chart in the doghouse until rig down.
	COMPLETION PROGRAM: To be submitted at a later date.
	OTHER SERVICES: None are anticipated.

#### FORMATION TOPS & DEPTHS (TENTATIVE)

FORMATION NAME & TYPE ESTIMATED DEPTH (EL) DATUM THICKNESS & REMARKS

See attached Prognosis.

X-MAS	TREE:	10**	3000#	weld	ĊΠ	casing	head.	6 <b>"</b>	5000#	x	10"	3000#	tubino	
		spool	2-1/	16" 50	000#	master	valv∈	<u>. 25</u>				<u></u>		

#### MUD PROGRAM

DEPTH	IN:	FERVAL	MUD Weight	VIS	(CC)	TYPE OF MUD
01	to	240'				Air
240'	to	40001				Air/Mist & Aerated Water
40001	to	6500'				Aerated 3% KCl water or KCl substitute.
6500'	to	TD	8.5-9.2	32-45	10-15	Gel/polyacrylamide polymer w/LCM sweeps. Utilize air as necessary to minimize mud loss and prevent excessive water influx.

#### DRILLING HAZARDS & SPECIAL INSTRUCTIONS

Lost circulation from 1500' to 3000't. Underbalanced circulation system will
require rotating head. Potential gas kicks in Green River and Wasatch. Potential
shale swelling/sloughing problems. Meter air & add foamer to maximize consistency
of returns & maintain stable pit levels. Utilize air below 6500' as dictated by
severity of lost circulation. Increase viscosity to 45 sec./gt. 12 hrs prior to
projected TD.
The second of th

-61

WELL NAME: Natural Buttes Unit 318-36E

#### CEMENT PROGRAM

HOLE SIZE	CASING SI2E	DEPTH	CEKENT PROCEDURE
127"	9%"	240'	Cement w/125 sx Class "G" cement + 2% CaCl2 + % #/sx celloflake. Circulate gelled water ahead of slurry.
71/211	4 ½ "	7275'	Cover interval from TD to 4200'± w/50/50 Pozmix + 2% gel + 10% sait. Volume to be calculated from caliper log annular volume to 4200' plus 10% excess.  Cover interval from 4200'± to depth specified in conditions of approval with light cement plus specified additives. Volume to be calculated from caliper log annular volume from 4200'± to applicable upper depth plus 5% excess.
			Circulate casing 2 hrs before cementing. Reciprocate casing during cementing. Pump 20 bbls fresh water ahead of slurry.

#### CASING PROGRAM

	RVAL		WEIGHT			MINIMUM	FACTOR		
SIZE	FROM	TO	LENGTH	#/FT.	GRADE	THREAD	COLLAPSE (psig)	BURST (psig)	TENSILE (psig)
9-5/8"	0'	240'	240'	32.3#	H-40	ST&C	1400	2270	254,000
4-1/2"	0'	7275'	7275'	10.5#	J-55	ST&C	4010	4790	146,000

#### SURVEY SCHEDULE

Depth	DISTANCE BETWEEN SURVEYS	MAX DEVIATIONS FROM VERTICAL	MAXIKUM CHANGE DEGREES/100'
0' to 240'	2401	1 degree	1 degree
240' to TD	500' (or as needed)	6 degrees	1 degree

PREPARED BY: John R. Schaefer Sr Production Engineer

APPROVED BY: Wenner Comme

envis J. Brabec Drilling Superintendent

APPROVED BY:

Darrell E. Ziomke, District Manager

RGT(NBU-318)

ANNULAR PREVENTOR AND BOTH RAMS ARE 3000 PSIG RATED. CASING FLANGE IS 11" 3000 PSIG RATED. BOPE 11" 2000 PSIG

#### TESTING PROCEDURE:

 BOPE's will be tested with a professional tester to conform to Onshore Order #2 with retest every 14 days.

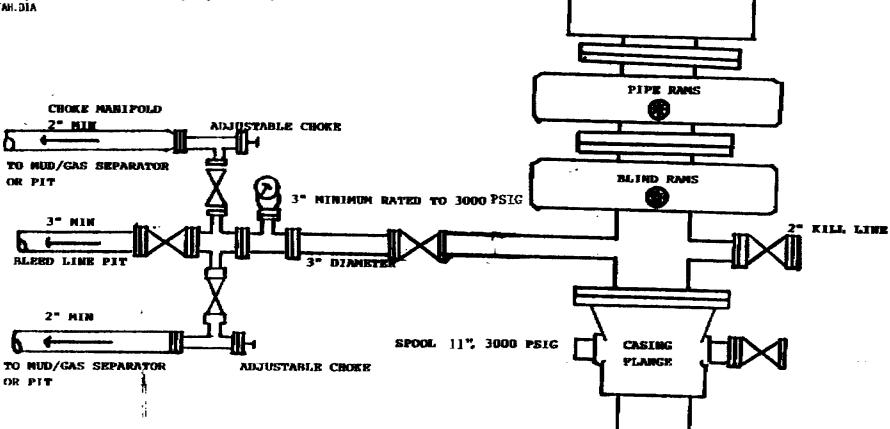
2. Blind & Pipe rams will be tested to rated working pressure, 2000 psig.

3. Annular preventor will be tested to 50% of working pressure, 1500 psig. Will test every 14 days.

4. Casing will be tested to 0.22 psi/ft. or 1500 psig. Not to exceed 70% of burst 10" strength, whichever is greater. In this case 1500 psig.

5. All lines subject to well pressure will be pressure tested to the same pressure as blind & pipe rams.

6. All BOPE specifications and configurations will meet Onshore Order #2 requirements for 2000 psig BOPE specifications.



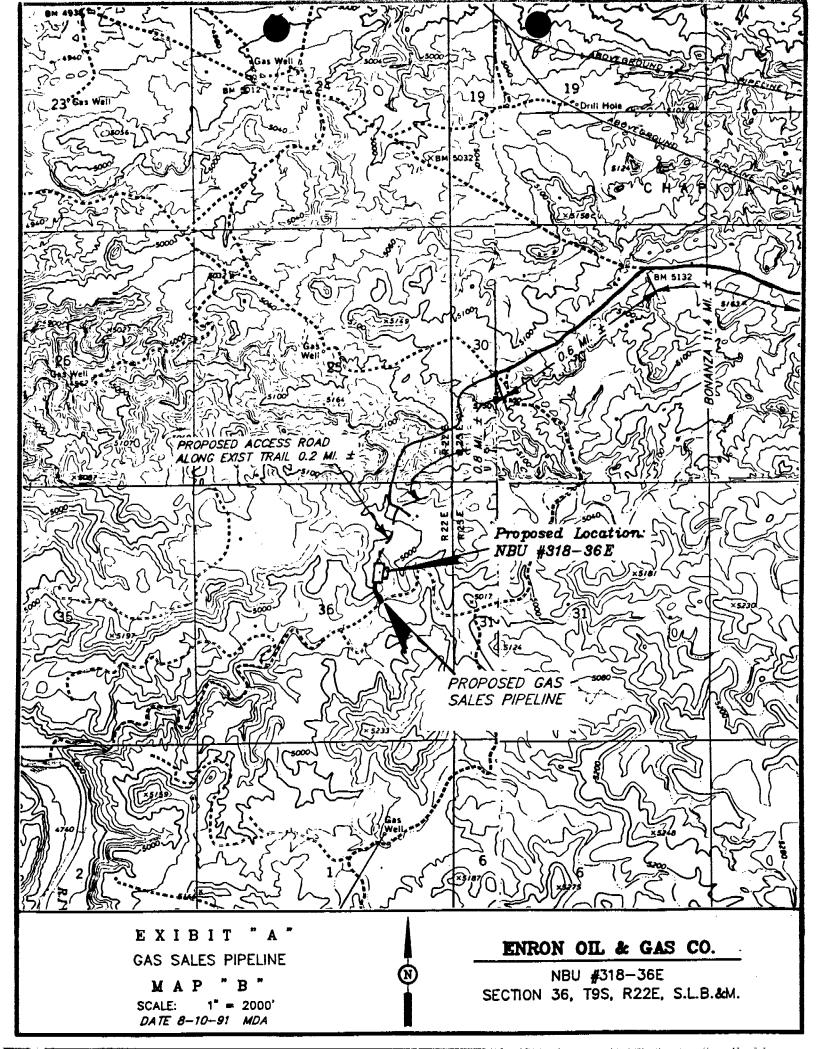
ROTATING

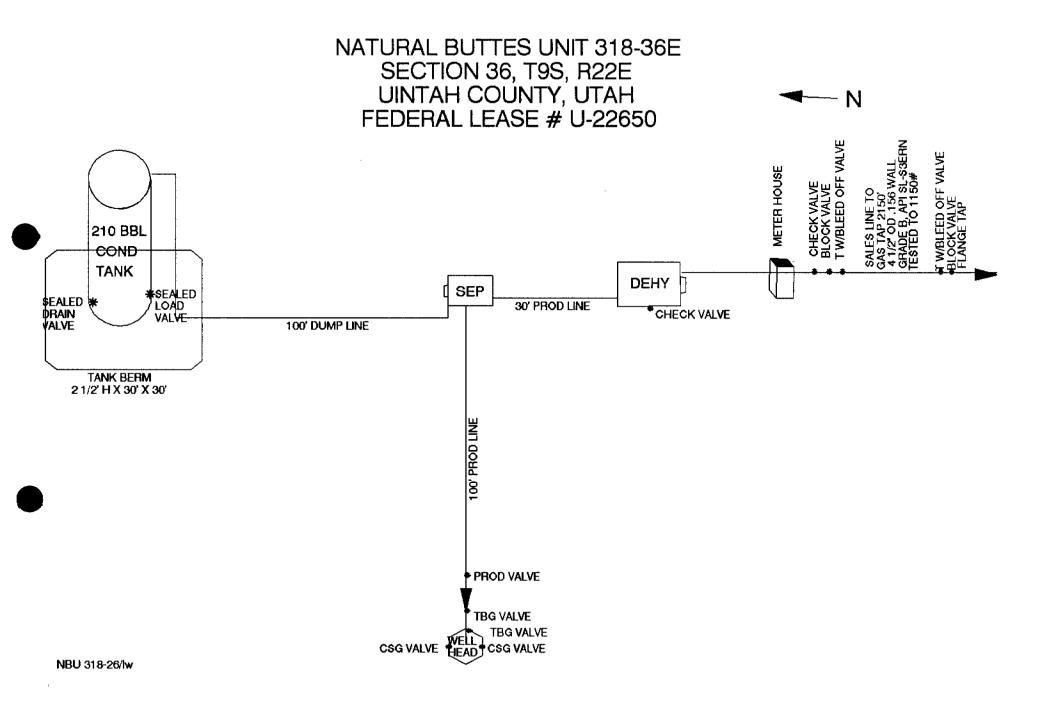
HEAD

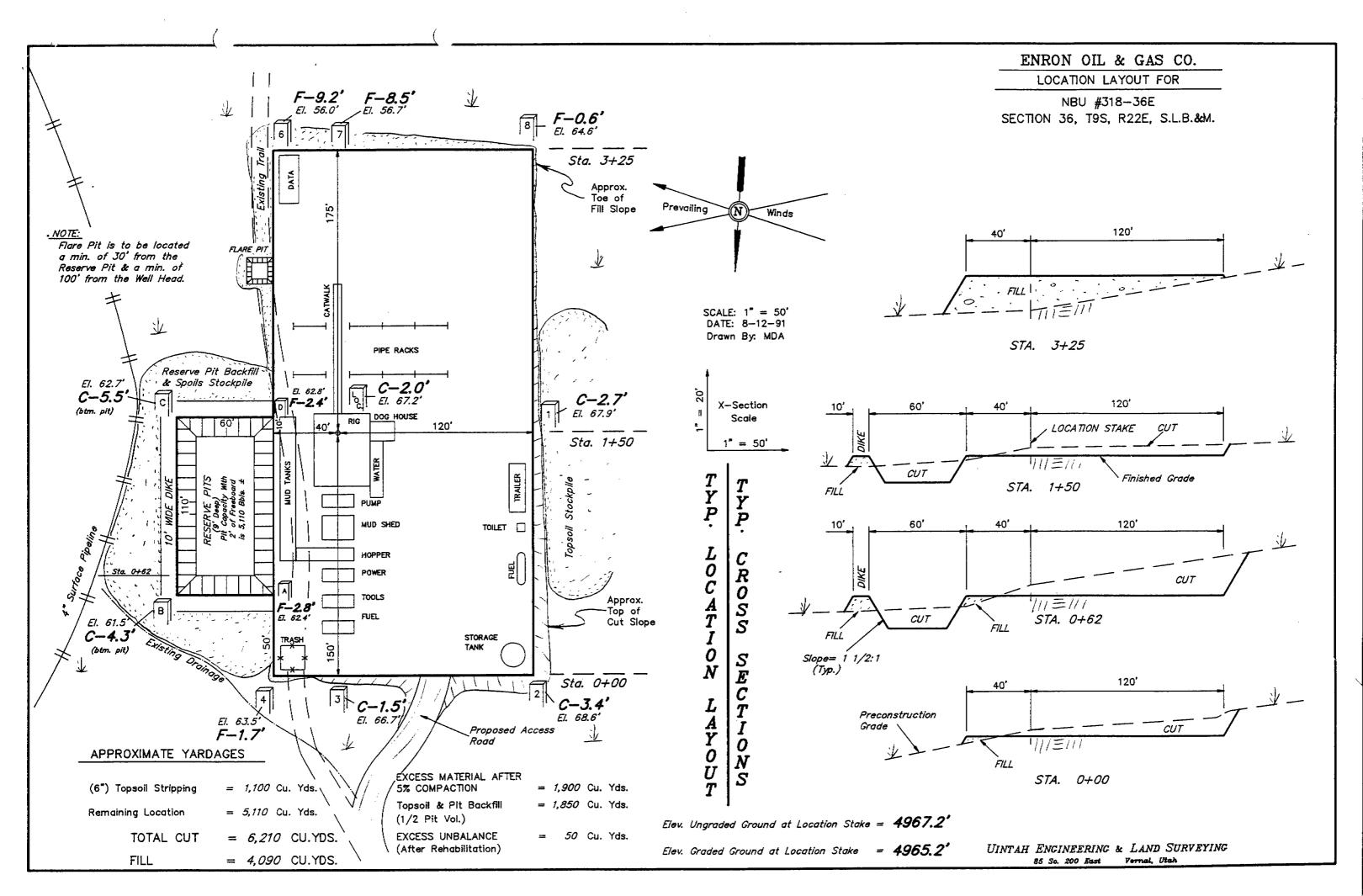
AMMULAR

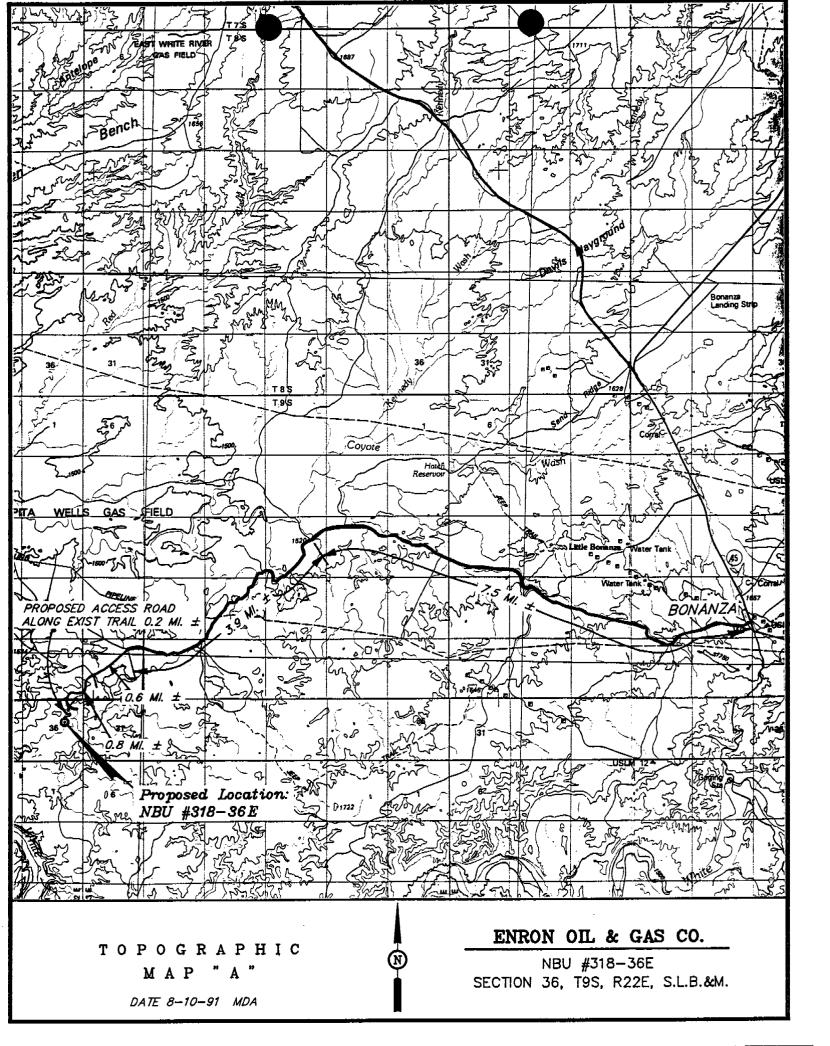
PREVENTOR

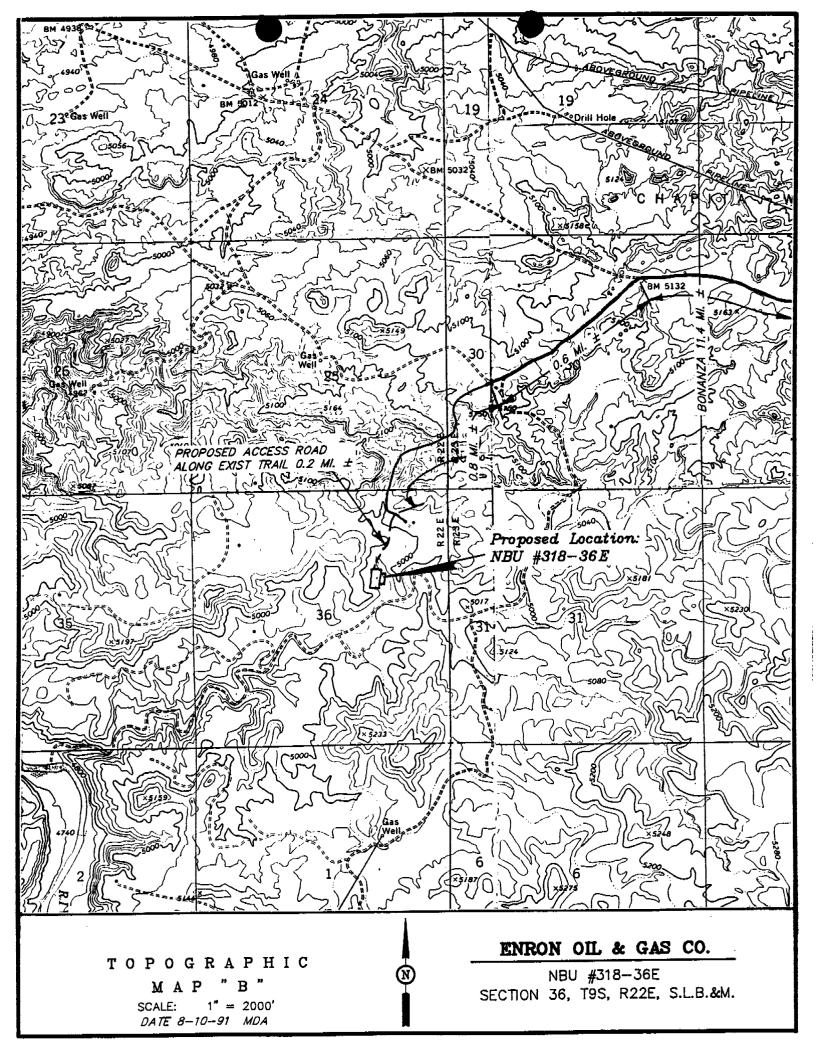
PLOS LINE

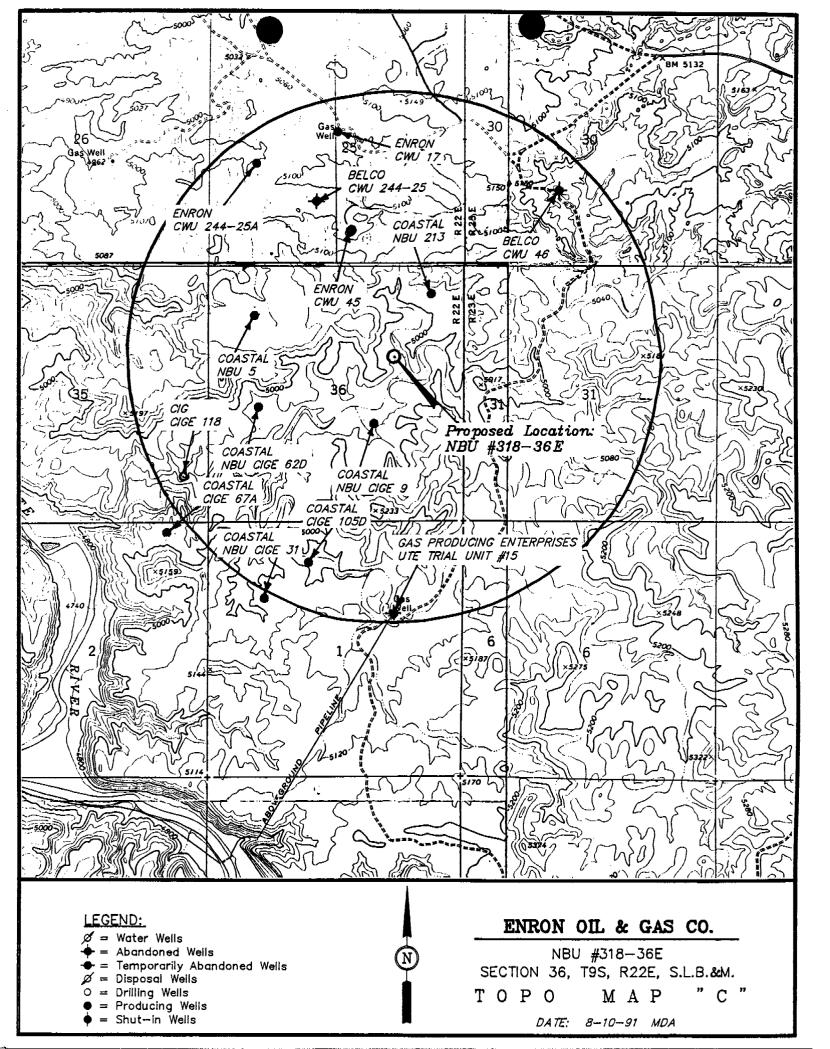












	• •
PERATOR ENON OIL GOVE N-0401 DATE 3:18-90	4
ELL NAME NBU 318-31E	· •.•
EC SIDNE 36 T 95 R WE COUNTY LLIATED	
13-017-30004 Itate (3) API NUMBER TYPE OF LEASE	
HECK OFF:	
PLAT. NEAREST WELL	
LEASE FIELD POTASH OR OTH SHALE	. •
ROCE SING COMMENTS: 91 POD approved 1-05:91.	• .
Did Shale and	
£((.	•
APPROVAL LETTER: RULA -0-3.	
SPACING: RS15-3-2 Natural Butter RS15-3-2	
CAUSE NO. & DATE R615-3-3	
STIPULATIONS:	
1 Oil shale cc. St (lands.	
State History	+ 1 1
2- Reserve pit is to be evaluated prior to them	hoderetiv
	11
3 The entire pad is to be rotated 180 Do 02:8T pit is on the west sede of the local	NY .
02:87 pet is on the west sede of the local	-,



Norman H. Bangerter Governor Dee C. Hansen Executive Director Dianne R. Nielson, Ph.D. Division Director

355 West North Temple 3 Triad Center, Suite 350 Salt Lake City, Utah 84180-1203 801-538-5340

March 19, 1992

Enron Oil and Gas Company P. O. Box 1815 Vernal, Utah 84078

#### Gentlemen:

Re: NBU 318-36E Well, 1869 feet from the north line, 1482 feet from the east line, SW 1/4 NE 1/4, Section 36, Township 9 South, Range 22 East, Uintah County, Utah

Pursuant to Utah Code Ann. § 40-6-18, (1953, as amended), Utah Admin. R. 649-2-3 (formerly R. 649-2-3), and Utah R. 649-3-4 (formerly R. 615-3-4), approval to drill the referenced well is hereby granted.

In addition, the following specific actions are necessary to fully comply with this approval:

- 1. In accordance with Utah Code Ann. § 63-18-29 as amended, it is unlawful to appropriate, injure, or destroy any cultural resource site or specimen, or designated landmark situated on lands owned or controlled by the state or its subdivisions. To avoid disturbance of sites, specimens, or landmarks, it is recommended that the operator take such action as necessary including performing a cultural resource survey and filing such survey with the Division of State History. A list of acceptable archaeological contractors is available from the Division of State History, telephone (801) 533-4563.
- 2. The reserve pit should be evaluated following construction and prior to the introduction of fluids, to determine the necessity for a liner.
- 3. The entire pad should be rotated 180 degrees so that the reserve pit is located on the west side of the location.
- 4. Compliance with the requirements of Utah Admin. R. 649-1 et seq.(formerly R. 615-1 et seq.), Oil and Gas Conservation General Rules.
- 5. Notification within 24 hours after drilling operations commence.

Page 2 Enron Oil and Gas Company NBU 318-36E March 19, 1992

- 6. Submittal of Entity Action Form, Form 6, within five working days following commencement of drilling operations and whenever a change in operations or interests necessitates an entity status change.
- 7. Submittal of the Report of Water Encountered During Drilling, Form 7.
- 8. Prompt notification prior to commencing operations, if necessary, to plug and abandon the well. Notify Frank R. Matthews, Petroleum Engineer, (Office) (801)538-5340, (Home) (801)476-8613, or R.J. Firth, Associate Director, (Home) (801)571-6068.
- 9. Compliance with the requirements of Utah Admin. R. 649-3-20 (formerly R. 615-3-20), Gas Flaring or Venting, if the well is completed for production.

Prior to commencement of the proposed drilling operations, plans for facilities for disposal of sanitary wastes at the drill site should be submitted to the local health department. These drilling operations and any subsequent well operations should be conducted in accordance with applicable state and local health department regulations. A list of local health departments and copies of applicable regulations are available from the Department of Environmental Quality, Division of Drinking Water/Sanitation, telephone (801)538-6159.

This approval shall expire one year after date of issuance unless substantial and continuous operation is underway or a request for an extension is made prior to the approval expiration date. The API number assigned to this well is 43-047-32204.

Sincerely,

Associate Director, Oil and Gas

ots

Enclosures

cc: Bureau of Land Management
Division of State Lands
J.L. Thompson

### (November 1985 /rommer + 9-3310

## UNITED STATES DEPARTMENT OF THE INTERIOR

BUFFAU OF LAND MANAGEMENT

~~~~~ (Other instructions or revers side Budget Bureau No. 1004—0136 Expanse August 31, 106

- LEARS DESIGNATION AND BELL A ML-22650

| APPLICATION                                                                                                                    | S FOR PERMIT           | TO DRILL DEEP              | PEN, OR PLUG                                            | BACK,          | C. B. INDIA' ALECTED OF TRIPE BARE                                          |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|---------------------------------------------------------|----------------|-----------------------------------------------------------------------------|
| DRI                                                                                                                            | LL XX                  | DEEPEN =                   | PLUG BA                                                 | ·O:            | TAN AGRENEY NAME                                                            |
| A TTPL OF WALL                                                                                                                 |                        | ·· <del>-</del>            |                                                         |                | Natural Buttes Unit                                                         |
| PILL B                                                                                                                         | LL: XX OTESI           |                            | RINGLE M'ITE<br>BONE MONE                               |                | PARK OF LEAST NAME                                                          |
| EDNOR OF S                                                                                                                     | Can Can                |                            |                                                         |                | Natural Buttes Unit                                                         |
| ADDRES OF OPERATOR                                                                                                             | Gas Compan             | <u>y</u>                   |                                                         | <del> </del>   | F WELL PC                                                                   |
|                                                                                                                                | N15 Vernal             | 11+=b 0/070                |                                                         | ·-             | 318-36E                                                                     |
| P.O. Box 1815, Vernal, Utah 84078  Liouation of While (Reject: location cleans) and in accordance with any State requirements. |                        |                            |                                                         |                | NBU/Wasatch                                                                 |
| AT BUNED!                                                                                                                      |                        |                            | ·                                                       | ·              | II. SEC. T. E. M., OR BLE                                                   |
| 1869 FNL &                                                                                                                     | 1482' FEL              | SW/NE                      | 3-047-3220                                              |                | Sec. 36, T9S, R22E                                                          |
| 14 DISTANCE IN MILES A                                                                                                         | AL DIRECTION PROM N    | LARRET TOWN OF POST OFFI   | Car.                                                    |                | LE COUPTY OF PARISE 18 STATE                                                |
|                                                                                                                                | st of Bonan            |                            |                                                         |                | Uintah Utah                                                                 |
| 15 DISTANCE FROM PROPO-<br>LOCATION TO NEAREST                                                                                 |                        |                            | OF ACRES IN LEAST                                       |                | ACRES ABSIGNES                                                              |
| PROPERTY OF LEASE L.<br>(A)s. To mearest drig                                                                                  | INE. PS                | 1482'                      | 640                                                     | TO THE         | 6 WELL.<br>80                                                               |
| It DISTAND FROM                                                                                                                | BE. LOCATION.          | 15 7                       | KOPOSED DEPTE                                           | 20 ROTAES      | OF CABLE TOOLE                                                              |
| OR APPLIED FOR ON THE                                                                                                          |                        | 1372 '±                    | 7275 <b>'</b>                                           | Rota           | rv "                                                                        |
| 21. ELEVATIONS (Show who                                                                                                       | ther DF, RT, GR. etc.) |                            |                                                         | <u> </u>       | 22 APPROX. DATE WORE WILL STAFT                                             |
| 4980' GR                                                                                                                       |                        |                            |                                                         | i<br>:         |                                                                             |
| £                                                                                                                              |                        | PROPOSED CASING AN         | D CEMENTING PROGR                                       | Α¥             |                                                                             |
| EILF OF MOLE                                                                                                                   | SIZE OF CASING         | - WEIGHT PER POOT          | BETTING DEFTH                                           |                | QUANTITY OF CEMENT                                                          |
| 12 1/4"                                                                                                                        | 9 5/8"                 | 32.3#                      | 240'                                                    |                | x Class "G" + 2% CaCl2                                                      |
| 7 7/8"                                                                                                                         | 4 1/2"                 | 10.5#                      | 7275'                                                   |                | /sx celloflake. 50/50                                                       |
| ĺ                                                                                                                              | 18(13                  | LUBUVIANI                  |                                                         | Pozmi          | x + 2% gel + 10% salt                                                       |
| ,                                                                                                                              |                        | a a                        | ,                                                       |                | 0' above all zones of                                                       |
|                                                                                                                                | ,                      | VFR 1 3 1992               | - ·                                                     |                | est (+ 10% excess).                                                         |
|                                                                                                                                | •                      | 41 N 1 J 1772              | • • •                                                   |                | cement (11 PPG±)<br>to 100' above oil                                       |
|                                                                                                                                | r                      |                            |                                                         |                | or fresh water                                                              |
|                                                                                                                                |                        | DIVISION OF /              | _                                                       |                | vals (+ 5% excess).                                                         |
|                                                                                                                                |                        | GAS & MINING               | $\mathcal{F}_{B}^{T}$                                   |                |                                                                             |
| SEE ATTACHI                                                                                                                    | MENTS FOR:             |                            | <i>19</i>                                               |                |                                                                             |
| 8 Point Pla                                                                                                                    |                        |                            | <i>7</i> 3                                              |                |                                                                             |
| Drilling P                                                                                                                     |                        |                            |                                                         |                | <u>:</u>                                                                    |
| BOP Schemat                                                                                                                    | ric                    | ``.                        | · <b>T</b> 011                                          |                |                                                                             |
|                                                                                                                                | and Operat             | ing Plan                   | ruron Oil                                               | and Gas        | Company will be the                                                         |
| Location Pl                                                                                                                    | Lat                    | ring rituil                | uesignated                                              | opera          | tor of the subject well<br>Bond #81307603.                                  |
| Location La                                                                                                                    | yout                   |                            | dider Mat.                                              | ron wide       | = BONG #6130/603.                                                           |
| topographic                                                                                                                    | Maps "A".              | "B", and "C"               |                                                         |                |                                                                             |
| N ABOUR SPACE DESCRIBE                                                                                                         | PROPOSED PROGRAM: If   | proposal is to deepen or t | plug back, give data on p<br>on subsurface locations a: | resept product | Dve none and proposed new productive nd true vertical depths - Give blowout |
| reventer program, if any                                                                                                       |                        |                            |                                                         |                |                                                                             |
| · //.                                                                                                                          |                        | $\wedge$                   |                                                         |                |                                                                             |
| BIGNE: LUIA                                                                                                                    | la V /1                | all TITLE                  | Sr. Admin. C                                            | lerk           | 2/25/92                                                                     |
| (This space for Federa                                                                                                         | i as State after a     |                            |                                                         |                |                                                                             |
| THIS SPACE IN E COLUMN                                                                                                         | m at britis blice 886) |                            |                                                         |                |                                                                             |
| PERMIT NO.                                                                                                                     | TEN BUT BOTT           |                            | APPROVAL DATE                                           |                | <u>,</u>                                                                    |
|                                                                                                                                | LED BY BFW             | FOP                        |                                                         |                | APR 0 1992                                                                  |
| CONDITIONS OF STREET                                                                                                           | PURPOSES O             | NI-V                       |                                                         |                | PATE APR 8 1992                                                             |
| COUNTY OF MALEGAS                                                                                                              | Parametric Como O      | * * des                    | •                                                       |                |                                                                             |
|                                                                                                                                |                        |                            |                                                         |                |                                                                             |

WT080-2M098

\*See Instructions On Reverse Side

# **ENRON**Oil & Gas Company

P.O. Box 250 Big Piney, Wateriting 83113 (307) 276-3331

April 23, 1992

Mr. Ed Forsman Bureau Of Land Management Vernal District 170 South 500 East Vernal, Utah 84078

RE: NATURAL BUTTES UNIT 318-36E

LEASE: ML 22650

SWNE, SEC. 36, T9S, R22E

UINTAH COUNTY, UTAH

Dear Mr. Forsman:

Please find attached a Sundry Notice of spudding of the referenced well.

If you require additional information, please contact this office.

Sincerely,

ENRON OIL & GAS COMPANY

C.C. Parsons

District Manager

kc

cc: Utah Board of Oil, Gas and Mining

D. Weaver

T. Miller

Vernal Office

File

RECEIVED

APR 2 7 1992

DIVISION OF OIL GAS & MINING FORM 3160-5 (December 1989)

# **UNITED STATES**

FORM APPROVED DEPARTMENT OF THE INTERIOR Budget Bureau No. 1004-0135 BUREAU OF LAND MANAGEMENT Expires September 30, 1990 5. Lease Designation and Serial No. SUNDRY NOTICE AND REPORTS ON WELLS ML 22650 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. 6. If Indian, Allottee or Tribe Name Use "APPLICATION FOR PERMIT --" for such proposals SUBMIT IN TRIPLICATE 7. If Unit or C.A., Agreement Designation 1. Type of Well NATURAL BUTTES UNIT Oil 8. Well Name and No. X Other Well Well NATURAL BUTTES UNIT 318-36E 2. Name of Operator ENRON OIL & GAS COMPANY 9. API Well No. 3. Address and Telephone No. 43-047-32204 (307) 276 - 3331P.O. BOX 250, BIG PINEY, WY 83113 10. Field and Pool or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NATURAL BUTTES/WASATCH 11. County or Parrish, State 1869' FNL - 1482' FEL (SW/NE) SECTION 36, T9S, R22E UINTAH. UTAH 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION CHANGE OF PLANS ABANDONMENT NOTICE OF INTENT RECOMPLETION NEW CONSTRUCTION PLUGGING BACK **NON-ROUTINE FRACTURING** SUBSEQUENT REPORT WATER SHUT-OFF CASING REPAIR **ALTERING CASING** CONVERSION TO INJECTION FINAL ABANDONMENT NOTICE OTHER **SPUDDING** (Note: Report results of multiple completion on Well Completions or Recompletion Report and Log Porm.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work if well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work).

Enron Oil & Gas Company spudded 12-1/4" surface hole at the subject location at 1:00 PM on 4/22/92. The contractor was Leon Ross Drilling & Construction, Inc. The BLM District office was notified telephone on 4/22/92.



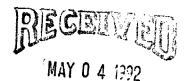
DIVISION OF

|                                                             |       | ·                  |              |  |  |
|-------------------------------------------------------------|-------|--------------------|--------------|--|--|
| 14. I hereby certify that the foregoing is true and correct |       |                    |              |  |  |
| SIGNED Toly Carlson                                         | TITLE | Regulatory Analyst | DATE 4-23-92 |  |  |
|                                                             |       |                    |              |  |  |
| (This space for Federal or State office use)                |       |                    |              |  |  |
| APPROVED BY                                                 | TTILE |                    | DATE         |  |  |
| CONDITIONS OF APPROVAL, IF ANY:                             |       |                    | •            |  |  |

This 12 U.S.C. Section 1801, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitions or fraudulent statements or supresentations as to any matter within he included on

# **ENRON**Oil & Gas Company

P.O. Box 250 Big Piney, Wyoming 83113 (307) 276-3331



April 29, 1992

DIVISION OF OIL GAS & MINING

Mr. Gary D. Bagley State of Utah Department of Natural Resources Division of State Lands and Forestry 355 West North Temple 3 Triad Center, Suite 320 Salt Lake City, Utah 84180-1203

RE: NATURAL BUTTES UNIT 318-36E

LEASE: ML-022650

SWNE, SEC. 36, T9S, R22E

UINTAH COUNTY, UTAH

Dear Mr. Bagley:

Please find attached a Report of Water Encountered While Drilling (Form 7) for the referenced well.

If you desire additional information, please contact this office.

Sincerely,

ENRON OIL & GAS COMPANY

C.C. Parsons

District Manager

kc

cc: Vernal Office

D. Weaver A.C. Morris

File

## REPORT OF WATER ENCOUNTERED DURING DRILLING - FORM 7 (1/89)

| 1. Well name and number:  API number: 43— | Nohra/Buttes Unit 318-36<br>-047-32204                                    | <u>'</u>                              |
|-------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|
| 2. Well location: QQ                      | JU/NE section 36 township 95 range 22E                                    | county Untol                          |
| 3. Well operator: Address:                | Enron Oil & Gas Company P. O. Box 250 Big Piney, Wyoming 83113            | phone: (307) 276-3331                 |
| 4. Drilling contractor: Address:          | Veco (Tig #5)<br>Box 1765<br>Gran Tunchon, Cob. 81502                     | phone: <u>(303)242-69/2</u>           |
| 5. Water encountered (contin              | nue on reverse side if necessary)                                         |                                       |
| Depth                                     | Volume                                                                    | Quality                               |
| from to                                   | (flow rate or head)                                                       | (fresh or salty)                      |
| 942 -                                     | Uster encountered while sixtust                                           | 53/1                                  |
| 1310'                                     | drilling. Insufficient head to                                            |                                       |
| 1570'                                     | -flow to surface without                                                  |                                       |
| 1900' -                                   | Jer Sicothon Sample arught                                                |                                       |
|                                           | Analysis will be whole it                                                 |                                       |
| ·                                         | more stad                                                                 |                                       |
|                                           | 0                                                                         |                                       |
|                                           |                                                                           |                                       |
|                                           |                                                                           |                                       |
|                                           |                                                                           |                                       |
|                                           |                                                                           |                                       |
|                                           |                                                                           | · · · · · · · · · · · · · · · · · · · |
| 6. Formation is a                         | Gen Dror "I"                                                              | 2736'+                                |
| If any analysis has been made             | of the water encountered, please attach a copy of the report to this form | ı.                                    |
| <u> </u>                                  | and complete to the best of my knowledge.                                 |                                       |
| Name (///                                 | Signature Signature                                                       |                                       |
| Title 5- Bo                               | Signature Signature Date 4/29/92                                          |                                       |

Comments:

## REPORT OF WATER ENCOUNTERED DURING DRILLING - FORM 7 (1/89)

| 2. Well location: QQ M/ME section 36 township 25 range 27E county // Lordon 18 County  | 1. Well name and number:  API number: 43— | Notura/Buttes Unit 3/8-36                                                 | <u> </u>                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|
| Address:  P. O. Box 250 Big Piney, Wyoming 83113  4. Drilling contractor: Address:  Depth Volume (Ilow rate or head) (Iresh or salty)  Phone: (307) 276-3331  5. Water encountered (continue on reverse side if necessary)  Depth (Ilow rate or head) (Iresh or salty)  Phone: (307) 276-3331  Address:  Depth Volume (Ilow rate or head) (Iresh or salty)  Phone: (307) 276-3331  Address:  Depth Volume (Ilow rate or head) (Iresh or salty)  Phone: (307) 276-3331  Address:  Depth From It any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2. Well location: QQ                      | SW/NE section 36 township 25 range 27E                                    | county Unter                          |
| S. Water encountered (continue on reverse side if necessary)    Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u> </u>                                  | P. O. Box 250                                                             | phone: (307) 276-3331                 |
| Depth Volume (Ilow rate or head) (Iresh or salty)  942 — Worky mountains while July 552/4  1310 — July 19 501/200 Williams 552/4  1570 — July 19 501/200 Williams 552/4  16. Formation tops:  If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _                                         | Veco (Tig #5)<br>Box 1765<br>In mot Tunchon, (ab. 81502_                  | phone: <i>(303).242-69</i> /Z.        |
| from to (flow rate or head) (fresh or salty)  942 — What provided while arrives 55/44  1310 — The transfer without  900 — The transfer without  1900 — The transf | 5. Water encountered (contin              | ue on reverse side if necessary)                                          |                                       |
| 6. Formation tope:    General   Control   Cont | Depth                                     | Volume                                                                    | Quality                               |
| 1310' — Sulling, Tatufficent hoof to 1570' — How to Surface without 1900' — How to Surface without 1900' — How to Surface without 1900' — How to Surface with 1900' — How to Surface with 1900' — How to  | from to                                   | (flow rate or head)                                                       | (fresh or salty)                      |
| 6. Formation tops:  If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 942'                                      | Water encountered while sixpust                                           | 55/41                                 |
| 6. Formation tops:  If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1310' -                                   | drilling, Insufficient head to                                            |                                       |
| 6. Formation tops:  If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1570' -                                   | - How to surface without                                                  |                                       |
| 6. Formation tops:    Second Trees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1900' -                                   |                                                                           |                                       |
| 6. Formation tope:    Same Tree   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                           |                                       |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | mayestad.                                                                 |                                       |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                           |                                       |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                           |                                       |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                           |                                       |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                           | · · · · · · · · · · · · · · · · · · · |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                           |                                       |
| If any analysis has been made of the water encountered, please attach a copy of the report to this form.  I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6. Formation tops:                        | Gran Tever "H"                                                            | 2736'+                                |
| I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                           |                                       |
| I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                           |                                       |
| I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                           |                                       |
| I certify that this report is true and complete to the best of my knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                           |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If any analysis has been made             | of the water encountered, please attach a copy of the report to this form | 1.                                    |
| Name Jim Schwer Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I certify that this report is true        | and complete to the best of my knowledge.                                 |                                       |
| Name Signature Stream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No.                                       | 54-6-6-1.1.                                                               | //                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name (////)                               | Signature                                                                 | refer                                 |
| Title Sr. Front. Copyriller Date 4/29/920                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Title 5. Tho                              | 1. Engineer Date 4/29/92                                                  | 2_                                    |

Comments:

## **ENRON**

## OIL & GAS COMPANY

P.O. BOX 1815, VERNAL, UTAH 84078 (801)789-0790

June 11, 1992

Bureau of Land Management Vernal District 170 South 500 East Vernal, Utah 84078

> RE: Natural Buttes Unit 318-36E Sec. 36, T9S, R22E Uintah County, Utah

Attn: Ed Forsman:

Dear Mr. Forsman:

Please find attached 3 (three) Sundry Notices requesting approval for water disposal method.

If you have any questions or need additional information, please contact this office.

Very truly yours,

ENRON OIL & GAS COMPANY

George R. McBride

Sr. Production Foreman

cc: Division of Off Cas & Mining!
Big Piney Office
Doug Weaver/Toni Miller

Suzanne Saldivar - Houston Diane Cross - Houston

File

JUN 1 2 1992

DIVISION OF OIL GAS & MINING

/lwSundry

# Oil & Gas Company

1801 California Street, Suite 3400, Denver, Colorado 80202 (303) 293-2525

January 24, 1992

فو

Utah State Office Bureau of Land Management P.O. Box 45155 Salt Lake City, Utah 84145-0155 IJAN 2 7 1992

DIVISION OF OIL GAS & MINING

Attention: Mr. Robert A. Henricks

Chief, Branch of Fluid Minerals

RE:

Designation of Agent

NBU 318-36E

SW/4NE/4 of Sec. 36-95-22E 43.047-30004

mille/

Uintah County, Utah Natural Buttes Prospect 1540-AA29, 0050627-000,

Gentlemen:

Enclosed, for your approval, are three (3) copies of a Designation of Agent pertaining to Enron Oil & Gas Company's proposed NBU 318-36E well. All copies have been originally executed on behalf of Coastal Oil & Gas Corporation.

When approved, please forward the approved Designation of Agent to my attention at the letterhead address.

If anything further is needed in connection with this matter, please contact the undersigned at the telephone number listed in the letterhead.

Yours very truly,

ENRON OIL & GAS COMPANY

Toni Lei Miller Project Landman

TLM/dac Enclosure 9567T

Vernal District, BLM (with copy of enclosure) cc: Division of Oil, Gas & Mining, Attn: Ms. Tami Searing (with copy of enclosure) Jim Schaefer - Big Piney (with copy of enclosure) George R. McBride - Vernal (with copy of enclosure) Coastal Oil & Gas Corporation, Attn: Mr. Donald H. Spicer (with copy of enclosure)

Part of the Enron Group of Energy Companies

#### DESIGNATION OF AGENT

Robert A. Henricks Chief, Branch of Fluid Minerals

The undersigned is, on the records of the Bureau of Land Management Unit Operator under the Natural Buttes Unit Agreement, Uintah County, Utah, No. 14-08-00018900 approved January 5, 1968, and hereby designates:

NAME:

Enron Oil & Gas Company

ADDRESS:

P.O. Box 1815

Vernal, Utah 84078

as its agent, with full authority to act in its behalf in complying with the terms of the unit agreement and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Oil and Gas Operating Regulations with respect to drilling, testing, and completing unit well No. 318-36E, the SW/4NE/4 of Section 36, Township 9 South, Range 22 East, Uintah County, Utah.

This designation of agent does not relieve the Unit Operator of responsibility for compliance with the terms of the unit agreement. It is also understood that this designation of agent does not constitute an assignment of any interest under the unit agreement or any lease committed thereto.

The designated agent will be responsible for compliance with the Oil and Gas Operating Regulations as they relate to the drilling, testing, and completing of unit well No. 318-36E. In accordance with 3104.2, bonding shall be provided by Enron Oil & Gas Company, Bond No. 74532.

This designation of agent is deemed to be temporary and in no manner a permanent arrangement.

This designation is given only to enable the agent herein designated to drill the above specified unit well. Unless sooner terminated, this designation shall terminate when there is filed in the appropriate district office of the Bureau of Land Management a completed file of all required Federal reports pertaining to subject well. At which time the Unit Operator shall assume all liability of the well and bonding shall be provided by the Unit Operator or as otherwise arranged by the unit agreement. It is also understood that this designation of agent is limited to field operations and does not cover administrative actions requiring specific authorization of the Unit Operator.

COASTAL OIL & GAS CORPORATION, Unit Operator

| By:   | (. Lindburg                      | Ja |
|-------|----------------------------------|----|
|       | Carl E. Lindberg, Nice President |    |
| Date: | 10/25/91                         |    |

0001

|                                                   | of Oil, Gas a<br>OR CHANGE HO    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                               |                  |                                             |                                                       | Rout<br>1-1                           | er 7-LCR                |
|---------------------------------------------------|----------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|------------------|---------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------|
| ttach a'<br>nitial d                              | ll documentati<br>each listed it | on received by                              | y the division<br>eted. Write N/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | regardin<br>'A if ite  | g this chang<br>m is not app                                  | ge.<br>Dicable   | •                                           |                                                       | 2 <b>E</b><br>3 <b>V</b>              | TLC L                   |
| <b>X</b> Chand<br>I Desid                         | ge of Opera<br>gnation of (      | tor (well s<br>Operator                     | old)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | signation<br>erator Nam                                       |                  |                                             | *DATE OF                                              | 6- A                                  | DA /                    |
| he ope                                            | erator of th                     | he well(s)                                  | listed below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | i has c                | hanged (EF                                                    | FECTI            | /E DATE:                                    |                                                       |                                       |                         |
| O (nev                                            | operator)<br>(address)           | PO BOX 749 DENVER, CO RANDY WAHL phone (303 | 00ZU1-0745                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | FROM (for                                                     | rmer op          | oerator)<br>address)                        | ENRON OI PO BOX 1 VERNAL, LINDA WA phone (8 account   | 815<br>UT 8407<br>LL<br>01 > 789      |                         |
| (z)[[s                                            | ) (attach addi                   | itional page i                              | f needed):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        | *NATURAL                                                      | BUTTES           | S UNIT                                      |                                                       |                                       |                         |
| Name: _<br>Name: _<br>Name: _<br>Name: _<br>Name: | NBU 331-35E                      | /WSTC                                       | API: 43-047-<br>API: 43-047-<br>API: API: API: API: API: API: API: API:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -32147                 | Entity: <u>02</u><br>Entity:<br>Entity:<br>Entity:<br>Entity: | 900              | Sec <u>35</u> IV<br>SecTv<br>SecTv<br>SecTv | vp <u>98Rng22</u><br>vpRng<br>vpRng<br>vpRng<br>vpRng | E Lease Lease Lease Lease Lease Lease | Type:<br>Type:<br>Type: |
| PERAT(                                            | OR CHANGE D                      | OCUMENTATIO                                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                               |                  |                                             |                                                       |                                       |                         |
| ()<br><u>fcf</u> 1.                               | (Rule R615<br>operator (A        | 5-8-10) Sur<br>Attach to t                  | ndry or oth<br>his form). <sub>(</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | er <u>leg</u><br>Led w | <u>al</u> docume<br>cr 7-                                     | entatio          | on has                                      | been rec                                              | eived f                               | rom <u>former</u>       |
| <u>V/</u> A 2.                                    |                                  | -8-10) Sund<br>this form)                   | Jry or other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>legal</u>           | documenta                                                     | tion h           | nas beer                                    | ı rece <sup>t</sup> ived                              | from <u>ne</u>                        | <u>ew</u> operator      |
|                                                   | operating yes, show              | any wells<br>company fil                    | nmerce has b<br>in Utah. I<br>e number: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s compa                | any regist<br>                                                | tered            | with th                                     | e state?                                              | (yes/no)                              | If                      |
|                                                   | (attach Te                       | elephone Do<br>section of                   | eral Wells of the commentation this form. The color of th | Form<br>Manag          | to this ement rev                                             | repor            | t). Mā<br>Federa                            | ake note<br>a <b>l and In</b>                         | of BLM<br><b>dian</b> wel             | status in               |
| fif 5.                                            | listed abo                       | ove. 7-20-92                                | tered in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                               |                  |                                             |                                                       | 'IBM) for                             | r each well             |
| JUR-6.                                            | Cardex fil                       | e has been                                  | updated for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | each w                 | vell liste                                                    | d abov           | e. 7-20-                                    | 92                                                    |                                       |                         |
|                                                   |                                  |                                             | e been updat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                               |                  |                                             |                                                       |                                       |                         |
| <b>*</b>                                          | for distri                       | bution to S                                 | cluded on t<br>State Lands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and the                | : Tax Comm                                                    | ission           | 7-20-90                                     | 2.                                                    |                                       |                         |
| Jir 9.                                            | A folder h                       | nas been se<br>ere for refe                 | t up for th<br>erence durin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e Opera<br>g routi     | ator Chang<br>ing and pr                                      | e file<br>ocessi | e, and a<br>ng of t                         | a copy of<br>he origina                               | this pag<br>al docum                  | ge has been<br>ents.    |

| ERATOR CHANGE WORKSHEET (CONTINUED) Init each item when completed. Write N/A item is not applicable.                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITITY REVIEW                                                                                                                                                                                                                                                                          |
| (Rule R615-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) (If entity assignments were changed, attach copies of Form 6, Entity Action Form). (99999 to 02900)                                                              |
| 2. State Lands and the Tax Commission have been notified through normal procedures of entity changes.                                                                                                                                                                                 |
| OND VERIFICATION (Fee wells only)                                                                                                                                                                                                                                                     |
| 1. (Rule R615-3-1) The new operator of any fee lease well listed above has furnished a proper bond.                                                                                                                                                                                   |
| $\not \!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$                                                                                                                                                                                                       |
| 4 3. The former operator has requested a release of liability from their bond (yes/no)  Today's date 19 If yes, division response was made by letter dated 19                                                                                                                         |
| ASE INTEREST OWNER NOTIFICATION RESPONSIBILITY                                                                                                                                                                                                                                        |
| 1. (Rule R615-2-10) The former operator/lessee of any fee lease well listed above has been notified by letter dated 19, of their responsibility to notify any person with an interest in such lease of the change of operator. Documentation of such notification has been requested. |
| S 2./Copies of documents have been sent to State Lands for changes involving State leases.                                                                                                                                                                                            |
| LM <u>IN</u> G                                                                                                                                                                                                                                                                        |
| 1. All attachments to this form have been microfilmed. Date:                                                                                                                                                                                                                          |
| LING                                                                                                                                                                                                                                                                                  |
| 1. Copies of all attachments to this form have been filed in each well file.                                                                                                                                                                                                          |
| 2. The <u>original</u> of this form and the <u>original</u> attachments have been filed in the Operator Change file.                                                                                                                                                                  |
| THENTS                                                                                                                                                                                                                                                                                |
| 120720 Coastel Dé 6 is unit open. "Natural Buttes Unit", Enron is designopen from del to compl.                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                       |

Speed Letter<sub>®</sub>

| o Ed Bonner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | From Don Staley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State Lands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Oil, Gas and Mining                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| oject <u>Operator Change</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ESSAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date 9-6 19-72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Ed,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| For your information, attached are copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of documents regarding an operator change on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| a state lease(s). These companies have comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lied with our requirements. Our records have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| been updated. Bonding should be reviewed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Former Operator: ENRON OIL & GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| New Operator : COASTAL CIL & GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| New Operator $\frac{1}{2}$ $\frac$ | 47-32204 Entity: 02900 S-T-R: 36-95-220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Well: NEU 376 -366 API: 4366                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 77-9-507 Entity: (475-9-5-1-R: 5-1-R: 5-7-3-226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>and the first of the second o</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| \$ FOLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CC: Operator File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signed Don Ataly (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| a. P & 10 FOLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Wilson Jones Company GRAYLINE FORM 44-612 3-PART 0 1963 - PRINTED IN U.S.A.

| STATE OF OTAH DIVISION OF OIL, GAS AND MINING | OPERATOREnron Oil & Gas Con |
|-----------------------------------------------|-----------------------------|
| ENTITY ACTION FORM - FORM 6                   | ADDRESS P.O. Box 1815       |
|                                               | Vernal. Utah 84078          |

as Company OPERATOR ACCT. NO.

| ACTION    | CURRENT       | NEW         | API NUMBER    | WELL              | NAME              |          |         | YELL                                  | LOCALIO       | Ņ                     | SPUD                | EFFEC1   |
|-----------|---------------|-------------|---------------|-------------------|-------------------|----------|---------|---------------------------------------|---------------|-----------------------|---------------------|----------|
| CODE      | ENTITY NO.    | ENTITY NO.  |               |                   | ····              | 90       | SC .    | TP                                    | RG            | COUNTY                | DATE                | DATE     |
| В         | 02900 -       | <del></del> | 43-047-32204  | Natural Buttes    | 318-36 E          | SW/NE    | 36      | 9S                                    | 22E           | Uintah                | 4/28/92             | 5 / 10/  |
| WELL 1 C  | OMMENTS:      | OPERATOR    | CHANGE: CHAN  | GING OVER TO COAS | STAL FOR REPORTII | NG.      |         | · · · · · · · · · · · · · · · · · · · | <del></del>   |                       |                     |          |
|           |               | Enlity      | added 7-20-92 | Jie_              |                   | ÷.       |         |                                       |               |                       |                     |          |
|           |               |             |               |                   |                   | e l      |         |                                       |               |                       |                     |          |
| WELL 2 C  | OMMENTS:      |             |               |                   |                   | ı        |         | 7, 0                                  | DIL AND       | GAS                   |                     |          |
|           |               |             |               |                   |                   | !        | /       | RJ:                                   |               |                       |                     |          |
|           |               |             |               |                   |                   |          | - /     | FR.<br>SLC                            | <del></del> - |                       |                     |          |
| VELL 3 CO | I<br>OMMENTS: | <u> </u>    | <u> </u>      | I                 |                   | <u> </u> | -       | GL:                                   |               |                       | <del> </del>        | <u> </u> |
|           |               |             |               |                   | •                 | : '      |         | DT:                                   |               | hinitin               | g on WCL.           |          |
|           | <del></del>   |             |               |                   |                   | T        | - 2     |                                       | XA            | Not compl<br>of 6-9-9 | eledas              |          |
| <u> </u>  |               |             |               |                   | ····              | <u> </u> | -       | -                                     |               | 0+ 11-4-7             | z.<br>.e. 7-6-92    |          |
| ELL 4 CO  | OMMENTS:      |             |               |                   |                   |          | فہ      | .)                                    |               | Cempl.                | , 7-6-92<br>,-12-92 |          |
|           |               |             |               |                   |                   |          | . 4     |                                       | 1.1.3         |                       |                     |          |
|           |               |             |               |                   |                   |          | . ,<br> |                                       |               |                       | 1                   |          |

WELL 5 COMMENTS:

(3/89)

ACTION CODES (See instructions on back of form) A - Establish new entity for new well (single well only)

B - Add new well to existing entity (group or unit well)

C - Re-assign well from one existing entity to another existing entity

.D - Re-assign well from one existing entity to a new entity

E - Other (explain in comments section)

NOTE: Use COMMENT section to explain why each Action Code was selected.

OIL GAS & MINING

JUN 1 5 1992

DIVISION OF

Phone No. <u>(801)</u> 789-0790

# **ENRON**Oil & Gas Company

P.O. Box 250 Big Piney, Wyoming 83113 (307) 276-3331

June 29, 1992

State of Utah Division of Oil, Gas and Mining 355 W. North Temple 3rd Triad Center, Suite 350 Salt Lake City, Utah 84180-1203

RE: COMPLETION REPORT

NATURAL BUTTES UNIT 318-36E

SWNE, SEC. 36, T9S, R22E

LEASE: ML 22650 UINTAH COUNTY, UTAH

## Gentlemen:

Please find attached the Well Completion Report describing the completion of the subject well.

If further information is required regarding this matter, please contact this office.

Sincerely,

ENRON OIL & GAS COMPANY

C.C. Parsons

District Manager

kc

cc: UOGCC

D. Weaver

T. Miller
J. Tigner - 2043

D. Cross - 2370

NWPL

File

BECENASI

JUL 0 6 1992

DIVISION OF OIL GAS & MINING

|                         | C              | OIVIS        | CON C    | OF OIL              | , GAS     |                       | 4INI          | <b>I</b> G |         |                   |              | 1                        |          | FION AND MERIAL NO.            |        |
|-------------------------|----------------|--------------|----------|---------------------|-----------|-----------------------|---------------|------------|---------|-------------------|--------------|--------------------------|----------|--------------------------------|--------|
| WELL CO                 | AADI ET        | ION          | OP.      | RECO                | ADI ET    | ION                   | DEDO          | OPT        | ΔΝ      | D I O             | <u> </u>     | ML 226.                  |          | TTER OR TRIBE HAME             |        |
| IA TYPE OF WEL          |                |              |          | GAS T               |           |                       | Other         |            | ~~1     |                   | Part Sandard | .7. UNIT AGE             | EEMRX    | T NAME                         |        |
| L TYPE OF COM           | PLETION:       | :<br>]       | ~ [      | PLUG [              | 207       | 7                     | Other         |            | C       | VIIE              |              | NATURA                   |          | TTES UNIT                      |        |
| 2. HAME OF OPERAT       |                |              |          | IACK L              | - 251     |                       |               | P (        | 1111    | 0 6 19            | -            | NATURA                   | L BU     | TTES UNIT                      |        |
| ENRON OIL               | <u> </u>       | COMPA        | MY       |                     |           |                       |               | ن'         | UL      | V 0 17            | 72           | 9. WELL NO.<br>318-361   |          |                                |        |
| P.O. BOX 2              | 50. BI         | G PIN        | ΙΕΥ,     | WYOMI               | NG 831    | .13                   |               | Đ          | )iVi:   | SION O            | F            |                          |          | L, OR WILDCAT                  |        |
| 4. LOCATION OF WE       | 869' F         | l location   | n clearl | y and in a          | ccordanc  | e with a              | ny Stat       | 'Ott"      | GA      | 58 MIN            | IINC:        |                          |          | TTES/WASATCH                   |        |
|                         |                |              |          | TEL                 | SAME      |                       |               |            |         |                   |              | 11. SEC., T.,<br>OR AREA | 1 ¥.,    | OR SLOCK AND SURVEY            |        |
| At top prod. int        | serari tebo    | ittea bês    | ₽₩       |                     | SAME      | 3                     |               |            |         |                   |              |                          |          | ,                              |        |
| At total depth          |                |              |          |                     | 14. A     | PT NO.                | -             |            | DATE    | ISAUED            |              | SECTION                  | N 36     | 13. #TATE                      |        |
|                         |                |              |          |                     | 1         | . <b></b> .<br>-047-3 | 2204          | 1          |         | 19-92             |              | UINTAH                   |          | UTAH                           |        |
| 15. DATE SPUDDED        | i i            |              | ACHED    | 17. DAT             | E COMPL.  | (Ready                | to pred       | ·) 18.     | ELE     | TATIONS (D        | P, RED, I    | T, GR. ETC.)             |          | ELEV. CASIMOTERAD              |        |
| 4-28-92                 | ,              | -92          | 2457     | 6-1:                | 2-92      | (Plug d               |               | T I        |         | 7' KB             |              |                          | <u> </u> | 65' PREP. GL.                  | r      |
| 7275'                   |                | 6764         |          |                     | ·   •     | HOW                   | MANT          |            |         | 23. IATE          |              | ROTARY                   | LS       | CABLE TOOLS                    |        |
| 24. PRODUCING INTER     | EVAL(S). O     | F TRIE       | COM PLE  | TIO#—TOF            | . BOTTOM. | NAME (                | MD IN         | TYD)       | *       |                   | <u> </u>     |                          | 2        | J. WAS DERECTIONAL SURVEY MADE |        |
| 5866' - 66              | 45' CH         | APITA        | WEL      | LS/WA               | SATCH     |                       |               |            |         |                   |              |                          |          | NO                             |        |
| OLL-CDL-DS              |                |              |          | יחז _כד.            | -CCI      | 0                     | . ~           | 27         | S VEL   | L CORED Y         | E2 () ×0¢    | KSabais enelysist        | I        |                                |        |
| 28.                     | N-CALL         | I EK-(       | ,DL- A   |                     | NG REC    | 6-2-5                 | <u> </u>      | _          |         |                   | ET INO       | liber reserve side/      | ····     | <u> </u>                       |        |
| CASING SIZE             | <del>-  </del> | T. LA./S     |          | DEPTH SE            | T (MD)    | 110                   | DLE \$12      | E          |         |                   | DKITKE       | RECORD                   |          | AMOUNT POLLED                  |        |
| 9-5/8"                  |                | # H-4        | -        |                     | 26'KB     | <del> </del>          | 1/4"          |            | _       |                   |              | G" cement                |          | None                           |        |
| 4-1/2"                  | 10/5           | <u># J−5</u> | 5        | 6842.0              | 00'KB     | 7-                    | 7/8 <b>''</b> |            |         | 0sx Cl.<br>30sx 5 |              | G" cement                | <u> </u> | None                           |        |
|                         |                | _            |          |                     |           |                       |               |            | <u></u> | <u> </u>          | <u> </u>     | OMBIN                    |          |                                |        |
| 29.                     | TOP (MI        |              |          | RECORD              | SACES C   |                       | T 22.         |            |         | 30.               |              | TUBING REC               |          |                                |        |
|                         | 107 (11)       | -            | BOTTO    | ( ( )               | 34643 6   | THENT                 | 301           | EER (M     | "       | 2-3/              |              | 634.89 1                 |          | PACEER SET (MD)                |        |
|                         |                |              |          |                     |           |                       |               |            |         |                   |              | 0.34.69                  | 7.D      |                                |        |
| OHADERA TIE             | •              | •            |          | -                   | a/2 SP    | To the                | 82.           |            |         |                   |              | URE. CEMEN               |          |                                |        |
| CHAPITA WE 6624-29',    | 1              |              |          |                     | w/Z br    | r                     |               | 23-4       |         | r (AD)            |              |                          |          | te X-linked,                   | hallan |
| 6496-98',               |                |              |          |                     | •         |                       |               | <u>45</u>  |         |                   |              |                          |          | 4,800" 20/40                   |        |
|                         |                |              |          |                     |           |                       |               |            |         | i.                | 12,0         | 00# 16/3                 | O re     | sin coated sa                  | and.   |
| 33.                     |                |              |          |                     | ····      | PRO                   | DUCTI         | OX         |         |                   | Maxi         | mum pres                 | sure     | 2900 psig.                     | (OVER) |
| DATE FIRST PRODUCT      | 10 ×           | İ            |          |                     | lowing, g |                       |               |            | ind t   | 794 of pus        | <b>'p</b> )  | eAu.                     | t-in)    | 8 (Producing or                |        |
| 6-12-92<br>BATE OF TEST | EOURS T        |              | WING     | EI ALE              |           | ». FOR<br>PERIOD      | OIL-          |            |         | G13MC             | 7.           | PRO                      |          | NG<br>GAS-OIL RATIO            |        |
| 6-20-92                 | 24             |              | 1        | 5/64t1              | a   —     | <del>&gt;</del>       | 10            | во         |         | 481 M             |              | 21 BW                    |          |                                |        |
| PLOW, TURING PRING      | CASING I       |              |          | CULATED<br>BOUR RAT |           |                       | 1             | GAS-I      | -       | _ 1               | WATER-       |                          | OIL C    | MAVITY-API (CORE.)             |        |
| 750 psig                | 950            |              | fuel, ve | aled, elc.)         | 0         | ВО                    | 1             | .481       | MC      | FD                | 21           | BW TEST WITHE            | 48D 1    | 1                              |        |
| SOLD - QU               |                |              |          |                     |           |                       |               |            |         |                   |              | TOM HUI                  |          |                                |        |
| 35. List of ATTACH!     | MENTS          |              |          |                     |           |                       |               |            |         |                   |              |                          |          |                                |        |
| 38. I bereby certify    | that the f     | oregoia      | r and a  | ttached in          | formation | a is com              | plete at      | ed corre   | et as   | determin          | ed from      | all available r          | ecorda   | <u> </u>                       |        |
| SIGNED                  | Datu           | Car          | rko      | مرو                 |           |                       |               |            |         | NALYST            |              |                          |          | 29-92                          |        |
|                         | <u> </u>       |              |          |                     |           |                       |               |            |         |                   |              |                          |          |                                |        |

This form should be completed in compliance with the Utah Oil and Gas Conservation General Rules. If not filed prior to this time, all logs, tests, and directional surveys as required by Utah Rules should be attached and submitted with this report.

and in item 24 show the producinginterval, or intervals, top(s), bottom(s) and name(s) for only the interval reported in item 33. Submit a separate report (paga) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data ITEMS 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22. ITEM 18: Indicate which elevation is used as reference for depth measurements given in other spaces on this form and on any attachments. pertinent to such interval.

ITEM 29: "Sacks Cement": Attached supplemental records for this well showld show the details of any multiple stage cementing and the location of

the cementing tool.

11,000 gals borate X-linked, gelled 2% KCl water, 114,500# 20/40 sand and 12,000# 16/30 resin coated ITEM 33: Submit a separate completion report on this form for each interval to be separately produced (see instruction for items 22 and 24 above). Use of the second of th Perforated, no stimulation. 5886-59091

| Bottom Description contents thereof; cored intervals; s. including depth interval tested, cushion used, and shut-in pressures, and recoveries.  Bottom Description, contents, etc.  WASATCH PETER'S POINT CHAPTTA WELLS BUCK CANYON 6336' ISLAND 6336' | 7. SUNHARY OF | 37. SUMMARY OF POROUS ZONES: |                |                             | 38.           | GÉOLOGIC MARKERS | 23              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|----------------|-----------------------------|---------------|------------------|-----------------|
| John Botton and shut-in pressures. and recoveries.  Top Botton Description contents. etc.  Name Meas. Depth WASATCH PETER'S POINT 4308' BUCK CANYON 5336' ISLAND 6336'                                                                                 | Show all      | important zones              | of porosity a  |                             | -             | . ,              |                 |
| Top Bottom Description contents, etc.  Name Heas, Depth Wasarch  Wasarch  Peren's Point 4308'  CRAPITA Well.S  Buck CANYON  6336'  ISLAND  6336'                                                                                                       | and all c     | irill-stem tests,            | , including de | 742                         |               |                  |                 |
| Top         Bottom         Description contents. etc.         Name         Meas. Depth           WASATCH         WASATCH         PETER'S POINT         4308'           CHAPITA WELLS         BUCK CANYON         5396'           ISLAND         6336'  | time too      | oren. Flowing                | and shut-in pr | 2                           |               |                  |                 |
| WASATCH   WASATCH   PETER'S POINT   4308'   CHAPITA WELLS   BUCK CANYON   5396'   ISLAND   6336'                                                                                                                                                       | 2011          | 447                          | 400            | Description, contents, etc. | Name          |                  | 00              |
|                                                                                                                                                                                                                                                        | TINI REPLANT  |                              | 20110          |                             |               |                  | True Vert.Depth |
|                                                                                                                                                                                                                                                        |               |                              |                |                             | WASATCH       |                  | ,               |
|                                                                                                                                                                                                                                                        |               |                              |                |                             | PETER'S POINT | 4308             | + 669           |
|                                                                                                                                                                                                                                                        |               |                              |                | -                           | RICK CANYON   | 53961            |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             | ISLAND        | 63361            | -1359           |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              | ,<br>          |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  | •               |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               |                              |                |                             |               |                  |                 |
|                                                                                                                                                                                                                                                        |               | `                            |                |                             |               |                  |                 |

#### DRILLING LOCATION ASSESSMENT

## State of Utah Division of Oil, Gas and Mining

OPERATOR: ENRON OIL AND GAS CO. WELL NAME: NBU 318-36E SECTION: 36 TWP: 9S RNG: 22E LOC: 1869 FNL 1482 FEL

QTR/QTR SW/NE COUNTY: UINTAH FIELD: NATURAL BUTTES UNIT

SURFACE OWNER: STATE OF UTAH SPACING: NATURAL BUTTES UNIT

GEOLOGIST: BRAD HILL DATE AND TIME: 3/10/92 12:45

PARTICIPANTS: Ed Trotter-ENRON, Dan Jarvis-DOGM

REGIONAL SETTING/TOPOGRAPHY: Southeastern Uinta Basin. The location lies on a gentle easterly slope surrounded by low hills there are shallow drainages on the north and east.

#### LAND USE:

CURRENT SURFACE USE: None

PROPOSED SURFACE DISTURBANCE: A rectangular pad will be constructed with dimensions of 325'X 180' with a 110'X 60' extension for the reserve pit. A .2 mile access road will be constructed.

AFFECTED FLOODPLAINS AND/OR WETLANDS: None

FLORA/FAUNA: Very sparse: Curly grass, Shadscale, Greasewood, Halogeton/Coyote, Deer, Antelope, Rabbits, Horses

#### ENVIRONMENTAL PARAMETERS

#### SURFACE GEOLOGY

SOIL TYPE AND CHARACTERISTICS: Silty-clay soil with abundant rock fragments.

SURFACE FORMATION & CHARACTERISTICS: Uinta Formation

EROSION/SEDIMENTATION/STABILITY: No active erosion or sedimentation at present. Location should be stable.

PALEONTOLOGICAL POTENTIAL: None observed.

#### SUBSURFACE GEOLOGY

OBJECTIVES/DEPTHS: Peters Point-4302', Chapita Wells-4832', Buck Canyon- 5392', Island-6315'.

ABNORMAL PRESSURES-HIGH AND LOW: None anticipated.

CULTURAL RESOURCES/ARCHAEOLOGY: Done by Grand River Institute.

CONSTRUCTION MATERIALS: Onsite materials will be used for construction.

SITE RECLAMATION: To be reclaimed as per State Lands instructions.

#### RESERVE PIT

CHARACTERISTICS: A 110'X 60'X 9' reserve pit will be constructed adjacent to the pad.

LINING: The pit is to be inspected after construction to determine if a liner is needed.

MUD PROGRAM: 0-240'-Air; 240-4000'-Air/Water; 4000'-6500-Air/3% Kcl water; 6500'-TD-Gel/polyacrylamide polymer w/LCM sweeps.

DRILLING WATER SUPPLY: Ouray Brine Plant

### STIPULATIONS FOR APD APPROVAL

Reserve pit is to be evaluated prior to the introduction of fluids.

The entire pad is to be rotated 180° so that the pit will be located on the west side of the location.

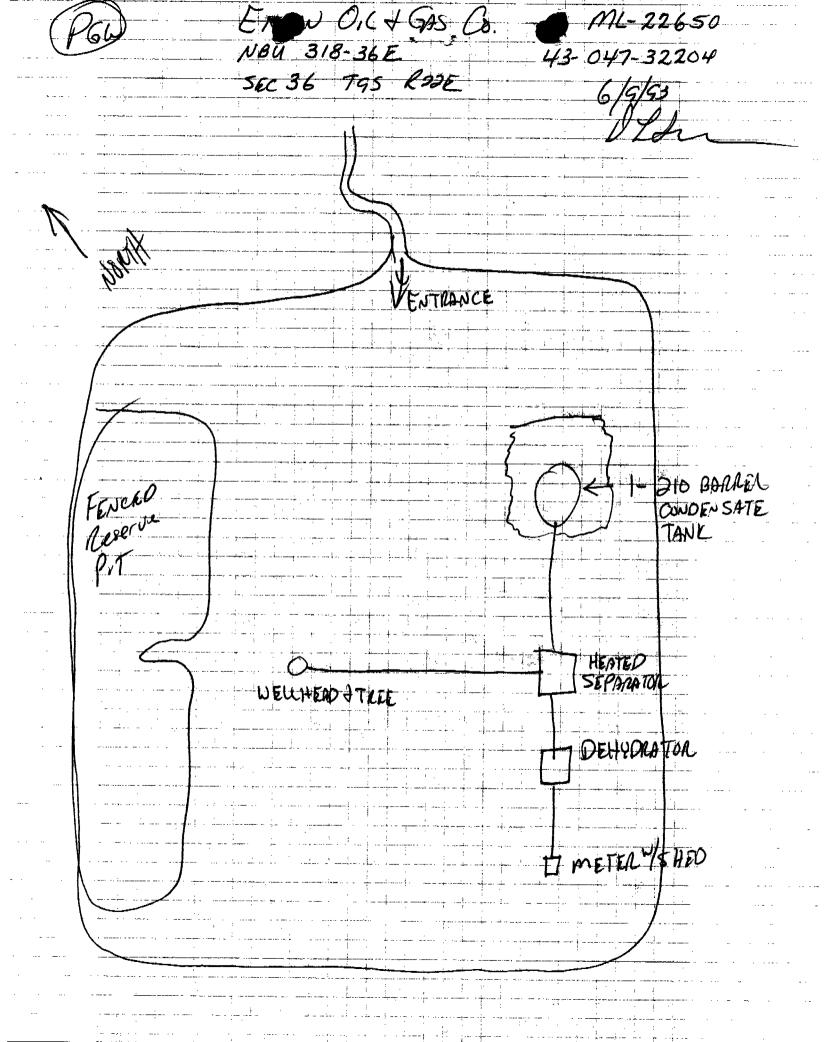
#### ATTACHMENTS

Photographs will be placed on file.

| NBU 318-36E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sec 36 795                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 R226 Ku                             | bly 8,19.92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | en e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The state of the s |                                       | The state of the s |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and the second s | 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | berme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | concles<br>tunk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nsate (                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | * *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| well head                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | O Prod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | luction [                             | A STATE OF THE STA |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second s |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4<br>4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | deh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ydrator                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ter run                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , , |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - March Lawyer - Lawy - Lawyer | <u></u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ;<br>                                 | 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## UTAH DIVISION OF OIL, GAS AND MINING EQUIPMENT INVENTORY

| Operator   | r: ENRON    | OIL & GAS COMPANY       | Lease: State          | : Y Federal:    |
|------------|-------------|-------------------------|-----------------------|-----------------|
|            | Fee:_       |                         |                       |                 |
| Well Nam   | me :        | NBU 318-36E             | API Number:           | 43-047-32204    |
| Section    | : 36 To     | wnship: 9S Range: 22E   | County: UINTAH        | Field:          |
|            | RAL BUTTES  |                         |                       |                 |
| Well Sta   | atus:       | PGW Well Type:          | Oil: Gas:             | <u>Y</u>        |
| PRODUCT    | ION LEASE I | EQUIPMENT: Y CENTRA     | AL BATTERY:           |                 |
| <u> </u>   | Well head   | Boiler(s)               | Compressor            | Separator(s)    |
| <u>Y</u> 1 | Dehydrator  | (s) <u>(3)</u> Shed(s)  | Line Heater(s)        | <u>Y</u> Heated |
| Separato   | or          |                         |                       |                 |
| 1          | VRU         | Heater Treater(s)       |                       |                 |
| PUMPS:     |             | <b></b>                 | ,                     |                 |
|            | Triplex     | Chemical                | Centrif               | ngar            |
| TET MET    | THOD.       |                         |                       |                 |
| LIFT MET   |             |                         | <b>a</b>              |                 |
| 1          | rumpjack    | Hydraulic               | Submersible           | rowing          |
| GAS EQUI   | IPMENT:     |                         |                       |                 |
| <u>Y</u> ( | Gas Meters  | Purchase Meter          | Y Sales Meter         |                 |
| TANKS:     | NUMBER      |                         | SIZE                  |                 |
| _          |             | Oil Storage Tank(s)     |                       |                 |
|            |             | Water Tank(s)           |                       | BBLS            |
| _          |             | water rain(b)           |                       | BBLS            |
|            |             | Power Water Tank        |                       |                 |
| <u></u>    |             |                         |                       | BBLS            |
| _          | YES         | Condensate Tank(s)      | 1-210 BARREL          |                 |
|            |             |                         | BBLS                  |                 |
|            |             | Propane Tank            |                       |                 |
| REMARKS    | : HEATED    | SEPARATOR W/SHED, DEHYD | RATOR W/SHED, SALES M | ETER W/SHED.    |
|            |             |                         |                       |                 |
|            |             |                         |                       |                 |
|            | n central   | battery: Qtr/Qtr:       | Section:              | Township:       |
| Inspecto   | or:         | DENNIS INGRAM           |                       | Date: 6/9/93    |



## UTAH DIVISION OF OIL, GAS AND MINING EQUIPMENT INVENTORY

| Operato                               | or: ENRON       | OIL & GAS CORP          | Lease: State: <u>Y</u>    | Federal:                                     |
|---------------------------------------|-----------------|-------------------------|---------------------------|----------------------------------------------|
| Indian:                               | Fee:_           | W-Maran                 |                           |                                              |
| Well Na                               | ime:            | NBU STATE 318-36E       | API Number: 43-           | 047-32204                                    |
| MATHE                                 | AI RHTTEC       |                         | API Number: 43-           |                                              |
| Well St                               | atus: P         | GW Well Type:           | Oil: Gas: Y               | **************************************       |
| PRODUCT                               | ION LEASE       | EQUIPMENT: Y CENTR      | AL BATTERY:               |                                              |
| <u> Y</u>                             | Well head       | Boiler(s)               | Compressor Line Heater(s) | Separator(s)                                 |
|                                       |                 | (s) <u>(1)</u> Shed(s)  | Line Heater(s) _          | <u>Y                                    </u> |
| Separat                               |                 | Heater Treater(s        | )                         |                                              |
| PUMPS:                                |                 |                         |                           |                                              |
|                                       | Triplex         | Chemical                | Centrifuge                | 1                                            |
| LIFT ME                               | ETHOD:          |                         |                           |                                              |
| · · · · · · · · · · · · · · · · · · · | Pumpjack        | Hydraulic               | Submersible _             | Flowing                                      |
| GAS EQU                               | JIPMENT:        |                         |                           |                                              |
| <u> </u>                              | Gas Meters      | Purchase Meter          | Y Sales Meter             |                                              |
| TANKS:                                | NUMBER          |                         | SIZE                      |                                              |
| _                                     |                 | Oil Storage Tank(s)     |                           |                                              |
|                                       |                 | Water Tank(s)           |                           | BBLS                                         |
| **                                    |                 |                         |                           | BBLS                                         |
| ***                                   |                 | Power Water Tank        |                           | BBLS                                         |
| _                                     | YES             | Condensate Tank(s)      | 1-210 BARREL              |                                              |
|                                       |                 | Propane Tank            | BBLS                      |                                              |
| -                                     |                 | opane .a.m              |                           |                                              |
| REMARKS                               | : <u>HEATED</u> | SEPARATOR, DEHYDRATOR & | BSALES METER IN SINGLE    | SHED.                                        |
|                                       |                 |                         |                           |                                              |
|                                       |                 | ···                     |                           |                                              |
|                                       | on central      | battery: Qtr/Qtr:       | Section:Town              | nship:                                       |
| Inspect                               | .or:            | DENNIS INGRAM           |                           | Date: 6/9/93                                 |
|                                       |                 |                         |                           |                                              |

## ENRON (

## OIL & GAS COMPANY

P.O. BOX 1815, VERNAL, UTAH 84078 (801)789-0790

MEGELVEU

September 1, 1993

SEP 0 3 1993

DIVISION OF OIL, GAS & MINING

Bureau of Land Management Vernal District 170 South 500 East Vernal, Utah 84078

> RE: NATURAL BUTTES UNIT 318-36E SEC. 36, T9S, R22E UINTAH COUNTY, UTAH LEASE NO. ML-22650

Attn: Ed Forsman:

Dear Mr. Forsman:

Please find attached 3 (three) Sundry Notices requesting approval for water disposal method.

If you have any questions or need additional information, please contact this office.

Very truly yours, ENROM OIL & GAS COMPANY

LINION OIL & GAS COM AN

George R. McBride Sr. Production Foreman

cc: Division of Oil Gas & Mining Curt Parsons Doug Weaver/Toni Miller Diane Cross - Houston EB-2370 File

/lwSundry

Form 3160-5 (June 1990)

### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| FORM APPRO        | OVED      |
|-------------------|-----------|
| Budget Bureau No. | 1004-0135 |
| Expires: March    | 31, 1993  |

5. Lease Designation and Serial No.

| ML | -2 | 2 | 650 |  |
|----|----|---|-----|--|
|    |    |   |     |  |

SUNDRY NOTICES AND REPORTS ON WELLS

Oil, Gas and

Date: 9-13-

6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE NATURAL BUTTES UNIT 1. Type of Well Oil Well X Gas Well 8. Well Name and No. NBU 318-36E 2. Name of Operator 9. API Well No. ENRON OIL & GAS COMPANY 43-047-32204 3. Address and Telephone No. (801) 789-0790 10. Field and Pool, or Exploratory Area 84078 P.O. BOX 1815, VERNAL, UTAH CW/WASATCH 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 1869' FNL & 1482' FEL UINTAH, UTAH SEC. 36, T9S, R22E CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Notice of Intent Abandonment Recompletion New Construction Non-Routine Fracturing Plugging Back Subsequent Report Water Shut-Off Casing Repair Conversion to Injection Altering Casing Final Abandonment Notice Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\* Enron Oil & Gas Company requests approval to dispose of produced water from the subject well as follows: Store in above ground tank. 1. Transport by truck to Enron Oil & Gas Company's Natural Buttes 21-20 SWD Plant. Accepted by ○ State of Utah Divin



SEP 0 3 1993

DIVISION OF OIL, GAS & MINING

| Signed was a wall                                                 | Title         | Sr. Admin. Clerk                                      | Date 9/1/93                                          |
|-------------------------------------------------------------------|---------------|-------------------------------------------------------|------------------------------------------------------|
| (This space for Federal or State office use)                      |               |                                                       |                                                      |
| Approved by                                                       | Title         |                                                       | Date                                                 |
| e 18 U.S.C. Section 1001, makes it a crime for any person knowing | ly and willfu | ally to make to any department or agency of the Unite | of States any false, fictitious or fraudulent statem |

or representations as to any matter within its jurisdiction.



## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

| EXPIRes:   | March | 131, | 1993 |   |
|------------|-------|------|------|---|
|            |       |      |      | _ |
| Chairmaile |       |      |      |   |

| SUNDRY NOTICES AND RE                                                                                                                                                   | PORTS ON WELLS FOIL, GAS & MINI                                | See attached list.                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Do not use this form for proposals to drill or to de<br>Use "APPLICATION FOR PERI                                                                                       | eepen or reentry-to-a-different-reservoir.                     | 0. If Indian, Alottee or Tribe Name                                                                                |
|                                                                                                                                                                         |                                                                | N/A                                                                                                                |
|                                                                                                                                                                         |                                                                | 7. If Unit or CA, Agreement Designation                                                                            |
| SUBMIT IN TRIP                                                                                                                                                          | LICATE                                                         | Natural Buttes Unit                                                                                                |
| 1. Type of Well                                                                                                                                                         |                                                                | 8. Well Name and No.                                                                                               |
| Oli Well X Gas Well Other                                                                                                                                               |                                                                | See attached list.                                                                                                 |
| 2. Name of Operator                                                                                                                                                     |                                                                | 9. API Well No. 43 .047 -32204                                                                                     |
| Coastal Oil & Gas Corporation  3. Address and Telephone No.                                                                                                             | · · · ·                                                        | See attached list.                                                                                                 |
| ·                                                                                                                                                                       |                                                                | 10. Field and Pool, Or Exploratory Area                                                                            |
| P. O. Box 749, Denver, CO 80201-0749                                                                                                                                    | (303) 573-4476                                                 | Natural Buttes                                                                                                     |
| 4. Location of Well (Footage, Sec., T., R., M., Or Survey Description)                                                                                                  |                                                                | 11. County or Parish, State                                                                                        |
| See attached list.                                                                                                                                                      | ,                                                              | Uintah, UT                                                                                                         |
| 12. CHECK APPROPRIATE BOX(S) TO IN                                                                                                                                      | IDICATE NATURE OF NOTICE, REPOR                                | T. OR OTHER DATA                                                                                                   |
| TYPE OF SUBMISSION                                                                                                                                                      | TYPE OF ACT                                                    |                                                                                                                    |
| X Notice of Intent                                                                                                                                                      | Abendonment                                                    | Change of Plans                                                                                                    |
|                                                                                                                                                                         | Recompletion                                                   | New Construction                                                                                                   |
| Subsequent Report                                                                                                                                                       | Plugging Back                                                  | Non-Routine Fracturing                                                                                             |
|                                                                                                                                                                         | Casing Repair                                                  | Water Shut-Off                                                                                                     |
| Final Abandonment Notice                                                                                                                                                | Altering Casing                                                | Conversion to Injection                                                                                            |
|                                                                                                                                                                         | X Other Install gas compression unit                           | Dispose Water (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form) |
| <ol> <li>Describe Proposed or Completed Operations (Clearly state all pertiner<br/>drilled, give subsurface locations and measured and tru vertical depths.)</li> </ol> | nt details, and give pertinent dates, including estimated date | of starting any proposed work. If well is directionally                                                            |

The operator proposes to install a 720 horsepower compressor to lower the gas line pressure of 16 Coastal Oil & Gas wells and 8 Enron wells. Lowering the gas pressure would add to the reserves of the 24 affected wells. Because of inefficient flow characteristics due to water production, a lower flow line pressure would assist in unloading water from the wellbore.

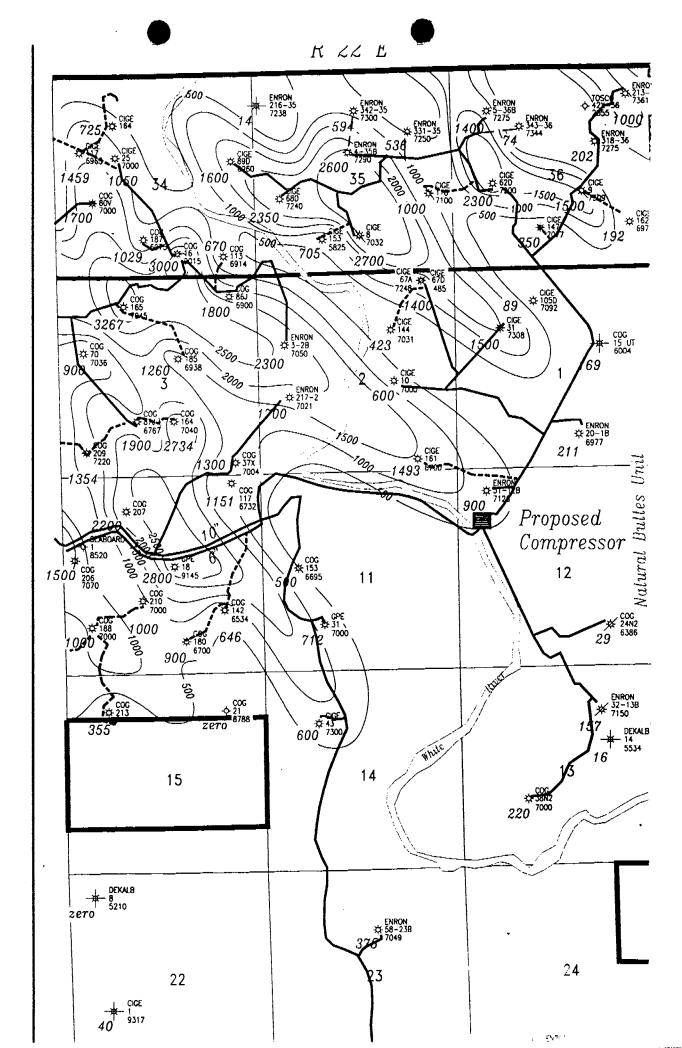
Please see attached map displayed affected wells.

representations as to any matter within its jurisdiction.

| Signed Bonnie Johnston                       | Title Environmental Analyst | Date | 09/27/94 |
|----------------------------------------------|-----------------------------|------|----------|
| (This space for Federal or State office use) |                             |      |          |
| APPROVED BY Conditions of approval, if any:  | Title                       | Date |          |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, ficticious or fraudulent statements or

| WELL NAME                                                                                                                                                                                                                                                                                                                 | FOOTAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WELL LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LEASE DESIGNATION AND SERIAL NO. | API WELL NO.                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CIGE 8-35-9-22 CIGE 9-36-9-22 CIGE 10-2-10-22 CIGE 31 CIGE 62D-36-9-22 CIGE 67A-2-10-22 CIGE 68D-35-9-22 CIGE 89D-34-9-22 CIGE 105D-1-10-22 CIGE 118-35-9-22 CIGE 144-2-10-22 CIGE 147-36-9-22 CIGE 153-35-9-22 CIGE 161-2-10-22 CIGE 161-2-10-22 CIGE 162-36-9-22 NBU 38N2 4-35B 5-36 31-12B 213-36 318-36 318-36 331-35 | 1044' FSL & 2488' FEL 2090' FSL & 1852' FEL 2421' FSL & 1652' FEL 1587' FNL & 1195' FWL 2340' FSL & 1085' FWL 210' FNL & 874' FEL 2084' FSL & 676' FWL 2183' FNL & 597' FEL 842' FNL & 2095' FWL 2116' FSL & 615' FEL 1501' FNL & 1719' FEL 1121 FSL & 2328' FWL 921' FSL & 1033' FEL 1224' FSL & 618' FEL 1752' FWL & 1768' FSL 2037' FNL & 2539' FWL 1023' FNL & 958' FWL 565' FNL & 756' FWL 579' FNL & 659' FEL 1869' FNL & 1482' FEL 1531' FNL & 1153' FEL | Sect. 35, T9S-R22E Sect. 36, T9S-R22E Sect. 2, T10S-R22E Sect. 1, T10S-R22E NW/SW Sect. 36, T9S-R22E NE/NE Sect. 2, T10s-R22E Sect. 35, T9S-R22E Sect. 35, T9S-R22E Sect. 1, T10S-R22E Sect. 1, T10S-R22E SW/NW Sect. 35, T9S-R22E SW/NW Sect. 35, T9S-R22E SE/SW Sect. 36, T9S-R22E SE/SE Sect. 2, T10S-R22E SE/SE Sect. 2, T10S-R22E SE/SE Sect. 36, T9S-R22E NW/SW Sect. 13, T10S-R22E NW/SW Sect. 13, T10S-R22E NW/NW Sect. 35, T9S-R22E NW/NW Sect. 36, T9S-R22E NW/NW Sect. 36, T9S-R22E NW/NW Sect. 36, T9S-R22E NW/NW Sect. 36, T9S-R22E NE/NE Sect. 36, T9S-R22E SW/NE Sect. 36, T9S-R22E |                                  | 43-047-30427<br>43-047-30419<br>43-047-30419<br>43-047-30511<br>43-047-30885<br>43-047-30951<br>43-047-31146<br>43-047-31758<br>43-047-32025<br>43-047-32025<br>43-047-32020<br>43-047-32067<br>43-047-32164<br>43-047-30536<br>43-047-30272<br>43-047-30272<br>43-047-30272<br>43-047-30272<br>43-047-30285<br>43-047-30272<br>43-047-30285<br>43-047-30285<br>43-047-30272 |
| 342-35<br>343-36                                                                                                                                                                                                                                                                                                          | 918' FNL & 2563' FEL<br>1448' FNL & 1823" FWL                                                                                                                                                                                                                                                                                                                                                                                                                   | NW/NE Sect. 35, T9S-R22E<br>SE/NW Sect. 36, T9S-R22E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | U-010954-A<br>ML-22650           | 43-047-32212<br>43-047-32205                                                                                                                                                                                                                                                                                                                                                 |



FORM 3160-5 (December 1989)

1. Type of Well

2. Name of Operator

3. Address and Telephone No.

ENRON OIL & GAS COMPANY

P.O. BOX 250, BIG PINEY, WY 83113 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

## DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

### SUNDRY NOTICE AND REPORTS ON WELLS

Do not use this Use "A

| form for proposals to drill or to deepen or reentry to a different re | servoir. |
|-----------------------------------------------------------------------|----------|
| APPLICATION FOR PERMIT for such proposals                             |          |
| SUBMIT IN TRIPLICATE                                                  | ,        |

Other

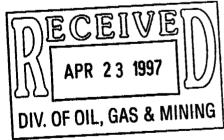
(307) 276-3331

| F    | APPROVED                                  |
|------|-------------------------------------------|
| Buck | ast Bureau No. 1004-0135                  |
| Bapi | res September 30, 1990                    |
| 5,   | Land Designation and Sected No.  ML 22650 |
| 6.   | If Indian, Allottee or Tribe Name         |
| 7.   | If Unit or C.A., Agreement Designation    |
| 1    | NATURAL BUTTES UNIT                       |
| 8.   | Well Name and No.                         |
| 1    | NATURAL BUTTES UNIT 318-36E               |
| 9.   | API Well No.                              |
| 1    | 43-047-32204                              |
| 10.  | Field and Pool or Exploratory Area        |
|      | NATURAL BUTTES/WASATCH                    |
| 111  | COUNTY STATE                              |

|                                                                            | NATURAL BUTTES/WASATCH                                                                                 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                                                                            | 11. COUNTY STATE UINTAH, UTAH                                                                          |
| TE NATURE OF NOTICE, REPORT, OR OTHER D                                    | ATA                                                                                                    |
| TYPE OF ACTION                                                             |                                                                                                        |
| ABANDONMENT RECOMPLETION PLUGGING BACK CASING REPAIR ALTERING CASING OTHER | CHANGE OF PLANS  NEW CONSTRUCTION  NON-ROUTINE FRACTURING  WATER SHUT-OFF  CONVERSION TO INJECTION     |
| • • • • • • • • • • • • • • • • • • • •                                    | ultiple completium on Well Completions<br>ort and Log Form.)                                           |
|                                                                            | ABANDONMENT RECOMPLETION PLUGGING BACK CASING REPAIR ALTERING CASING OTHER (Note: Report results of m. |

Enron Oil & Gas Company is requesting authorization for a reduction in the frequency of meter calibration from quarterly to semi-annually at the subject location. The well is currently producing approximately 50 MCFD. The reduction in frequency of calibration is not expected to adversely impact measurement accuracy but should be helpful in improving the man power efficiency of both Enron as operator and CIG as gas gatherer.

is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work).



|                                                 |                            | DIV. OF OIL, GAS & MINING | a d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------|----------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *NOTE: Enron will be usin                       | g Nationwide Bond #NM 2308 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. I hereby certify that the foregoing in true | auf correct                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGNED TALL A                                   | TITLE Regulatory Analyst   | DATE 4-15-97              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                            |                           | Mark Control of the C |
| (This space for Federal or State office use)    |                            |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| APPROVED BY                                     | TITLE                      | DATE                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CONDITIONS OF APPROVAL, II                      | FANY:                      |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

FORM 3160-5 (December 1989)

|        |     |      | TΑ    |    |      |     |    |
|--------|-----|------|-------|----|------|-----|----|
| DEPART | MEN | AT C | IF TI | HE | INTI | ERI | OR |
| BUREAU | OF  | LAN  | D M   | AN | AGE  | ME  | N  |

| - | Dunger Dureau No. 1004-01. | ,, |
|---|----------------------------|----|
|   | Expires September 30, 1990 |    |

| - 1 | l       | _      | _   |    |      |
|-----|---------|--------|-----|----|------|
|     | Expires | Septem | ber | 30 | 1990 |
|     | 77.7    |        |     |    |      |

| 5. | Logo Designation and Serial |  |
|----|-----------------------------|--|
|    | ML 22650                    |  |

| UNDRY NOTICE AND REPORTS ON WELLS | ML : |
|-----------------------------------|------|
|                                   |      |

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT --" for such proposals

| SUBMIT IN TR | RIPLICA | TE | • |
|--------------|---------|----|---|

|            |         |   |        |          | ,    |   | - 1 | ٠, |
|------------|---------|---|--------|----------|------|---|-----|----|
| Type of We |         |   | ****** |          |      |   |     |    |
|            | Oil     |   | Gas    |          |      |   | Ĺ   |    |
|            | WELL    | X | Weil   | <u> </u> | ther |   | ſ   | 8. |
| Name of O  | Derator |   |        |          | ···  | , |     |    |

If Unit or C.A., Agreement Designation NATURAL BUTTES UNIT

If Indian, Allottee or Tribe Name

Well Name and No.

NATURAL BUTTES UNIT 318-36E

ENRON OIL & GAS COMPANY

3. Address and Telephone No.

SECTION 36, T9S, R22E

P.O. BOX 250, BIG PINEY, WY 83113

(307) 276-3331

API Well No. 43-047-32204

10. Field and Pool or Exploratory Area NATURAL BUTTES/WASATCH

4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1869' FNL - 1482' FEL (SW/NE)

COUNTY UINTAH. STATE

**UTAH** 

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION |                          |   |  |  |
|--------------------|--------------------------|---|--|--|
|                    | NOTICE OF INTENT         | F |  |  |
| X                  | SUBSEQUENT REPORT        |   |  |  |
|                    | FINAL ABANDONMENT NOTICE |   |  |  |
|                    | •                        |   |  |  |

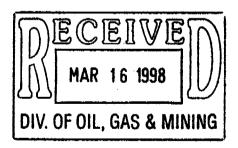
TYPE OF ACTION ABANDONMENT RECOMPLETION PLUGGING BACK CASING REPAIR ALTERING CASING

CHANGE OF PLANS NEW CONSTRUCTION NON-ROUTINE FRACTURING WATER SHUT-OFF CONVERSION TO INJECTION INSTALLED ELECTRONIC FLOW COMPUTER

(Note: Report results of multiple completion on Well Completions or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any proposed work if well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work).

Enron Oil & Gas Company installed a Barton Model 1140 electronic flow computer at the referenced well for the purpose of gas sales measurement.



|                                                           | *NOTE: Enron will be using Nationwide Bond #NM 2308 |               |  |  |  |  |  |
|-----------------------------------------------------------|-----------------------------------------------------|---------------|--|--|--|--|--|
| 14. I hereby certify that the foregoing is trues?  SIGNED | TITLE Regulatory Analyst                            | DATE: 1/14/00 |  |  |  |  |  |
| Jan Ca                                                    | THE Regulatory Analysi                              | DATE 3/11/98  |  |  |  |  |  |
| (This space for Federal or State office use)              |                                                     |               |  |  |  |  |  |
| APPROVED BY CONDITIONS OF APPROVAL, IF A                  | TITLE                                               | DATE          |  |  |  |  |  |

## STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                  | S. LEASE DESIGNATION AND SERIAL NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hote depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO ORILL form for such proposals. | 7. UNIT or CA AGREEMENT NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1. TYPE OF WELL                                                                                                                                                                                                                                  | 8. WELL NAME and NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                  | Exhibit "A"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2. NAME OF OPERATOR:                                                                                                                                                                                                                             | 9. API NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| El Paso Production Oil & Gas Company  3. ADDRESS OF OPERATOR: IPHONE NUMBER:                                                                                                                                                                     | 10. FIELD AND POOL, OR WILDCAT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| R South 1200 East City Vernal STATE Utah ZIP 84078 435-789-4433                                                                                                                                                                                  | TO FREID AND POOL, OR WILLOAM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FOOTAGES AT SURFACE:                                                                                                                                                                                                                             | COUNTY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                     | STATE:<br>UTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPO                                                                                                                                                                                   | DRT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                | The same that th |
| ACIDIZE DEEPEN                                                                                                                                                                                                                                   | REPERFORATE CURRENT FORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NOTICE OF INTENT   ALTER CASING   FRACTURE TREAT                                                                                                                                                                                                 | SIDETRACK TO REPAIR WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Approximate date work will start: CASING REPAIR NEW CONSTRUCTION                                                                                                                                                                                 | TEMPORARILY ABARDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CHANGE TO PREVIOUS PLANS OPERATOR CHANGE                                                                                                                                                                                                         | TUBING REPAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CHANGE TUBING PLUG AND ABANDON                                                                                                                                                                                                                   | VENT OR FLARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Submit Original Form Only)                                                                                                                                                                                                                      | WATER DISPOSAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Date of work completion: CHANGE WELL STATUS PRODUCTION (START/RESUME)                                                                                                                                                                            | WATER SHUT-OFF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL.SITE                                                                                                                                                                                          | X OTHER: Name Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volum                                                                                                                                 | nes, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| As a result of the merger between The Coastal Corporation and                                                                                                                                                                                    | a wholly owned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| subsidary of El Paso Energy Corporation, the name of Coastal                                                                                                                                                                                     | Oil & Gas Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| has been changed to El Paso Production Oil & Gas Company effe                                                                                                                                                                                    | ctive March 9, 2001.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| See Exhibit "A"                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Bond # 400JU0708                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Coastal Oil & Gas Corporation                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME (PLEASE PRINT) John T Elzner TITLE Vice Presid                                                                                                                                                                                              | lent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SKSNATURE DATE 06-15-01                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| El Paso Production Oil & Gas Company                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME (PLEASE PRIMIT) John T Elzner Vice Presion                                                                                                                                                                                                  | dent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGNATURE DATE 06-15-01                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This space for State use only)                                                                                                                                                                                                                   | DECENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

JUN 19 2001

DIVISION OF OIL, GAS AND MINING

## State of Delaware

## Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COASTAL OIL & GAS CORPORATION", CHANGING ITS NAME FROM "COASTAL OIL & GAS CORPORATION" TO "EL PASO PRODUCTION OIL & GAS COMPANY", FILED IN THIS OFFICE ON THE NINTH DAY OF MARCH, A.D. 2001, AT 11 O'CLOCK A.M.



1UN 13 2001

DIVISION OF DIL. GAS AND MINING

Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1061007

DATE: 04-03-01

0610204 8100

010162788

## CERTIFICATE OF AMENDMENT

OF

## CERTIFICATE OF INCORPORATION

COASTAL OIL & GAS CORPORATION (the "Company"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of the Company, by the unanimous written consent of its members, filed with the minutes of the Board, adopted a resolution proposing and declaring advisable the following amendment to the Certificate of Incorporation of the Company:

RESOLVED that it is deemed advisable that the Certificate of Incorporation of this Company be amended, and that said Certificate of Incorporation be so amended, by changing the Article thereof numbered "FIRST." so that, as amended, said Article shall be and read as follows:

"FIRST. The name of the corporation is El Paso Production Oil & Gas Company."

SECOND: That in lieu of a meeting and vote of stockholders, the stockholders entitled to vote have given unanimous written consent to said amendment in accordance with the provisions of Section 228 of the General Corporation Law of the State of Delaware.

THIRD: That the aforesaid amendment was duly adopted in accordance with the applicable provisions of Sections 242 and 228 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said COASTAL OIL & GAS CORPORATION has caused this certificate to be signed on its behalf by a Vice President and attested by an Assistant Secretary, this 9th day of March 2001.

COASTAL OIL & GAS CORPORATION

David L. Siddall

Vice President

Attest:

aret E. Roark, Assistant Secretary

RECEIVED

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 11:00 AM 03/09/2001 010118394 - 0610204

JUN 19 2001

DIVISION OF OIL, GAS AND MINING



## United States Department of the Interior

## **BUREAU OF LAND MANAGEMENT**

Utah State Office P.O. Box 45155 Salt Lake City, UT 84145-0155

## RECEIVED

JUL 1 2 2001

DIVISION OF OIL, GAS AND MINING

in Reply Refer To: 3106 UTSL-065841 (UT-924)

JUL 1 0 2001 -

### NOTICE

El Paso Production Oil & Gas Company

Oil and Gas

Nine Greenway Plaza Houston TX 77046-0095

Name Change Recognized

Acceptable evidence has been received in this office concerning the name change of <u>Coastal Oil & Gas Corporation</u> into <u>El Paso Production Oil & Gas Company</u> with <u>El Paso Production Oil & Gas Company</u> being the surviving entity.

For our purposes, the name change is recognized effective March 9, 2001.

The oil and gas lease files identified on the enclosed exhibit have been noted as to the name change. The exhibit was compiled from a list of leases obtained from our computer program. We have not abstracted the lease files to determine if the entities affected by this name change hold an interest in the leases identified nor have we attempted to identify leases where the entitities are the operator on the ground maintaining no vested recorded title or operating rights interests. We will be notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

If you identify additional leases in which the entities maintain an interest, please contact this office and we will appropriately document those files with a copy of this Notice.

Due to the name change, the name of the principal/obligor on the bond is required to be changed from Coastal Oil & Gas Corporation to El Paso Production Oil & Gas Company. You may accomplish this either by consent of surety rider on the original bond or a rider to the original bond. The bonds are held in Wyoming and Colorado.

Opolonia L. Abeyta Acting Chief, Branch of Minerals Adjudication

### Enclosure

1. Exhibit of Leases (1 pp)

cc: Moab Field Office

Vernal Field Office

MMS, Reference Data Branch, MS3130, PO Box 5860, Denver CO 80217

State of Utah, DOGM, Attn: Jim Thompson (Ste. 1210), Box 145801, SLC UT 84114

Teresa Thompson (UT-922) Joe Incardine (UT-921)

## **Exhibit of Leases**

| UTUSL-065841A      | UTU-47172   | UTU-74415         | UTU-53860 |
|--------------------|-------------|-------------------|-----------|
| UTU-28652          | UTU-50687   | UTU-74416         | UTU-66401 |
| UTU-37943          | UTU-52298   | UTU-75091         | UTU-67868 |
| UTU-44089          | UTU-0109054 | UTU-75096         | UTU-65389 |
| UTU-44090A         | UTU-0143511 | UTU-75097         | UTU-77084 |
| UTU-61263          | UTU-0143512 | UTU-75673         | UTU-61430 |
| UTU-00343          | UTU-38401   | UTU-76259         | UTU-72633 |
| UTU-02651          | UTU-38411   | UTU-76260         | UTU-72650 |
| UTU-02651B         | UTU-38418   | UTU-76261         | UTU-49692 |
| UTU-0142175        | UTU-38419   | UTU-76493         | UTU-57894 |
| UTU-70235          | UTU-38420   | UTU-76495         | UTU-76829 |
| UTU-70406          | UTU-38421   | UTU-76503         | UTU-76830 |
| UTU-74954          | UTU-38423   | UTU-78228         | UTU-76831 |
| UTU-75132          | UTU-38424   | UTU-78714         |           |
| UTU-75699          | UTU-38425   | UTU-78727         |           |
| UTU-76242          | UTU-38426   | UTU-78734         |           |
| UTU-78032          | UTU-38427   | UTU-79012         |           |
| UTU-4377           | UTU-38428   | UTU-79011         |           |
| UTU-4378           | UTU-53861   | UTU-71694         |           |
| UTU-7386           | UTU-58097   | UTU-00576         |           |
| UTU-8344A          | UTU-64376   | UTU-00647         |           |
| UTU-8345           | UTU-65222   | UTU-01470D        |           |
| UTU-8347           | UTU-65223   | UTU-0136484       |           |
| UTU-8621           | UTU-66746   | UT <b>U-</b> 8344 |           |
| UTU-14646          | UTU-67178   | UTU-8346          |           |
| UTU-15855          | UTU-67549   | UTU-8648          |           |
| UTU-25880          | UTU-72028   | UTU-28212         |           |
| UTU-28213          | UTU-72632   | UTU-30289         |           |
| UTU-29535          | UTU-73009   | UTU-31260         |           |
| UTU-29797          | UTU-73010   | UTU-33433         |           |
| UTU-31736          | UTU-73013   | UTU-34711         |           |
| UTU-34350          | UTU-73175   | UTU-46699         |           |
| UTU-34705          | UTU-73434   | UTU-78852         |           |
| UTU-37116          | UTU-73435   | UTU-78853         |           |
| UTU-37355          | UTU-73444   | UTU-78854         |           |
| UTU-37573          | UTU-73450   | UTU-075939        |           |
| UTU-38261          | UTU-73900   | UTU-0149767       |           |
| UTU-39223          | UTU-74409   | UTU-2078          |           |
| UTU-40729          | UTU-74410   | UTU-44426         |           |
| UTU-40 <b>7</b> 36 | UTU-74413   | UTU-49530         |           |
| UTU-42469          | UTU-74414   | UTU-51026         |           |
|                    |             |                   |           |

## Division of Oil, Gas and Mining

## **OPERATOR CHANGE WORKSHEET**

## ROUTING

| *******  |        |  |  |  |  |
|----------|--------|--|--|--|--|
| 1. GLH   | 4-KAS  |  |  |  |  |
| 2. CDW 🗸 | 5-LP   |  |  |  |  |
| 3. JLT   | 6-FILE |  |  |  |  |

Enter date after each listed item is completed

Change of Operator (Well Sold)

Designation of Agent

Operator Name Change (Only)

4. Is the new operator registered in the State of Utah:

X Merger

| FROM: (Old Operator):              |              | TO: ( No                             | w Operator):             | •              |          |            |  |
|------------------------------------|--------------|--------------------------------------|--------------------------|----------------|----------|------------|--|
| COASTAL OIL & GAS CORPORATION      |              | EL PASO PRODUCTION OIL & GAS COMPANY |                          |                |          |            |  |
| Address: 9 GREENWAY PLAZA STE 2721 |              |                                      | 9 GREENWA                |                |          |            |  |
|                                    |              | 11441000                             | 3 0100011111             |                | <u> </u> | 1411 25 75 |  |
| HOUSTON, TX 77046-0995             |              | HOUSTON, TX 77046-0995               |                          |                |          |            |  |
| Phone: 1-(713)-418-4635            |              | Phone:                               |                          | (832)-676-4721 |          |            |  |
| Account N0230                      |              | Account N1845                        |                          |                |          |            |  |
| 0.180                              |              |                                      |                          |                |          |            |  |
|                                    | CA No.       | Unit:                                | NATURAL 1                | BUTTES         |          |            |  |
| WELL(S)                            |              |                                      |                          |                |          |            |  |
| <u></u>                            | API          | ENTITY                               | SEC TWN                  | LEASE          | WELL     | WELL       |  |
| NAME                               | NO           | NO                                   | RNG                      | TYPE           | TYPE     | STATUS     |  |
| CIGE 96D-32-9-22                   | 43-047-31730 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| CIGE 106D-32-9-22                  | 43-047-31746 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| NBU 157                            | 43-047-32007 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| NBU 161                            | 43-047-32023 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| CIGE 173-32-9-22                   | 43-047-32324 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| NBU 281                            | 43-047-32866 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| NBU 282                            | 43-047-32867 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| CIGE 190-32-9-22                   | 43-047-32912 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| NBU CIGE 241-32-9-22               | 43-047-33208 | 2900                                 | 32-09S-22E               | STATE          | GW       | P          |  |
| NBU 5-36B                          | 43-047-30272 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| NBU CIGE 9-36-9-22                 | 43-047-30419 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| NBU CIGE 62D-36-9-22               | 43-047-30885 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| NBU 213-36J                        | 43-047-31268 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| CIGE 162-36-9-22                   | 43-047-32164 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| NBU 318-36E                        | 43-047-32204 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| NBU 343-36E                        | 43-047-32205 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| מסביבים סמי                        | 40.045.00000 | 2900                                 | 36-09S-22E               | STATE          | GW       | P          |  |
| NBO 343-30E<br>CIGE 221-36-9-22    | 43-047-32868 |                                      |                          | COTTO A CITOTO | GW       | P          |  |
|                                    | 43-047-32868 | 2900                                 | 13-10S-20E               | STATE          | JO W     | ļ÷.        |  |
| CIGE 221-36-9-22                   |              |                                      | 13-10S-20E<br>24-10S-20E | STATE          | GW       | P          |  |

YES \_\_\_ Business Number:

608186-0143

| 5.                      | If NO, the operator was contacted contacted on:  N/A                                                                                                                                                         |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6.                      | Federal and Indian Lease Wells: The BLM and or the BIA has approved the (merger, name change, or operator change for all wells listed on Federal or Indian leases on:  07/10/2001                            |
| 7.                      | Federal and Indian Units: The BLM or BIA has approved the successor of unit operator for wells listed on: 07/10/2001                                                                                         |
| 8.                      | Federal and Indian Communization Agreements ("CA"): The BLM or the BIA has approved the operator change for all wells listed involved in a CA on:  N/A                                                       |
| 9.                      | Underground Injection Control ("UIC") The Division has approved UIC Form 5, Transfer of Authority to Inject, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on:  N/A |
| $\overline{\mathbf{D}}$ | ATA ENTRY:                                                                                                                                                                                                   |
| 1.                      | Changes entered in the Oil and Gas Database on:  07/19/2001                                                                                                                                                  |
| 2.                      | Changes have been entered on the Monthly Operator Change Spread Sheet on: 07/19/2001                                                                                                                         |
| 3.                      | Bond information entered in RBDMS on: N/A                                                                                                                                                                    |
| 4.                      | Fee wells attached to bond in RBDMS on:  N/A                                                                                                                                                                 |
| ST                      | TATE BOND VERIFICATION:                                                                                                                                                                                      |
| 1.                      | State well(s) covered by Bond No.:  400JU0705                                                                                                                                                                |
| F                       | EDERAL BOND VERIFICATION:                                                                                                                                                                                    |
|                         | Federal well(s) covered by Bond No.:  N/A                                                                                                                                                                    |
| FI                      | EE WELLS - BOND VERIFICATION/LEASE INTEREST OWNER NOTIFICATION:                                                                                                                                              |
|                         | (R649-3-1) The <b>NEW</b> operator of any fee well(s) listed covered by Bond No:  N/A                                                                                                                        |
|                         | The <b>FORMER</b> operator has requested a release of liability from their bond on:  The Division sent response by letter on:  N/A                                                                           |
| 3.                      | (R649-2-10) The <b>FORMER</b> operator of the Fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on:               |
| FI                      | LMING:                                                                                                                                                                                                       |
|                         | All attachments to this form have been MICROFILMED on:                                                                                                                                                       |
| FI                      | LING:                                                                                                                                                                                                        |
|                         | ORIGINALS/COPIES of all attachments pertaining to each individual well have been filled in each well file on:                                                                                                |
| CC                      | DMMENTS: Master list of all wells involved in operator change from Coastal Oil & Gas Corporation to El Paso                                                                                                  |
|                         | oduction Oil and Gas Company shall be retained in the "Operator Change File".                                                                                                                                |
|                         |                                                                                                                                                                                                              |
|                         |                                                                                                                                                                                                              |
| _                       |                                                                                                                                                                                                              |

• .-



## United States Department of the Interior RECEIVED

## BUREAU OF LAND MANAGEMENT

FEB 2 2 2002

Utah State Office P.O. Box 45155 Salt Lake City, UT 84145-0155

DIVISION OF OIL GAS AND MINING

In Reply Refer To: 3106 UTU-25566 et al (UT-924)

FEB 2 1 2002

### NOTICE

Westport Oil and Gas Company L.P.

Oil and Gas

410 Seventeenth Street, #2300

:

Denver Colorado 80215-7093

:

## Name Change Recognized

Acceptable evidence has been received in this office concerning the name change of <u>Westport Oil</u> and <u>Gas Company, Inc.</u> into <u>Westport Oil and Gas Company, L.P.</u> with <u>Westport Oil and Gas Company, L.P.</u> being the surviving entity.

For our purposes, the name change is recognized effective December 31, 2001.

The oil and gas lease files identified have been noted as to the name change. The exhibit was compiled from a list of leases obtained from our computer program. We have not abstracted the lease files to determine if the entities affected by this name change hold an interest in the leases identified nor have we attempted to identify leases where the entities are the operator on the ground maintaining no vested recorded title or operating rights interests. We will be notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

If you identify additional leases in which the entities maintain an interest, please contact this office and we will appropriately document those files with a copy of this Notice.

Due to the name change, the name of the principal/obligor on the bond is required to be changed from Westport Oil and Gas Company, Inc. to Westport Oil and Gas Company, L.P.. You may accomplish this either by consent of surety rider on the original bond or a rider to the original bond. The bonds are held in Colorado.

UTU-03405 UTU-20895 UTU-25566 UTU-43156 UTU-49518 UTU-49519 UTU-49522 UTU-49523

> Robert Lopez Chief, Branch of Minerals Adjudication

Moab Field Office
 Vernal Field Office
 MMS, Reference Data Branch, MS3130, PO Box 5860, Denver CO 80217
 State of Utah, DOGM, Attn: Jim Thompson (Ste. 1210), Box 145801, SLC UT 84114
 Teresa Thompson (UT-922)
 Joe Incardine (UT-921)



### United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Washington, D.C. 20240
FEB 1 0 2003

Carroll A. Wilson Principal Landman Westport Oil and Gas Company, L.P. 1368 South 1200 East Vernal, Utah 84078

Dear Mr. Wilson:

This is in response to your request for approval of RLI Insurance Company's Nationwide Oil and Gas Lease Bond No. RLB0005239 executed effective December 17, 2002, (\$150,000 coverage) with Westport Oil and Gas Company, L. P., as principal.

This bond is hereby approved as of the date of this correspondence and will be retained in the Bureau of Indian Affairs' Division of Real Estate Services, 1849 C Street, NW, MS-4512-MIB, Washington, D.C. 20240. All Bureau oil and gas regional offices and the surety are being informed of this action.

In cases where you have existing individual and/or collective bonds on file with one or more of our regional offices, you may now request those offices, directly, to terminate in lieu of coverage under this Nationwide Bond.

Enclosed is a copy of the approved bond for your files. If we may be of further assistance in this matter, please advise.

Sincerely,

ACTING

Director, Office of Trust Responsibilities

Enclosure

UNITED STATES GOVERNMENT

### memorandum

Branch of Real Estate Services Uintah & Ouray Agency

٠,

Date:

5 December, 2002

Reply to Attn of:

Supervisory Petroleum Engineer

Subject

Modification of Utah Division of Oil, Gas and Mining Regulations

To

Director, Utah Division of Oil, Gas and Mining Division: John Baza

We have been advised of changes occurring with the operation of your database for Change of Operator. You will be modifying your records to reflect Change of Operator once you have received all necessary documentation from the companies involved, and perhaps in advance of our Notice of Concurrence/Approval of Change of Operator where Indian leases are involved.

We have no objection.

With further comment to Rulemaking, I wish to comment concerning the provision of Exhibits for upcoming Hearings. I would like to see the Uintah & Ouray Agency, BIA, and the Ute Indian Tribe, Energy & Mineral Resources Department added to the list of those parties that receive advance Exhibits so as to allow us to have research time prior to Hearing dates. We will be able to provide a more informed recommendation to the Oil, Gas and Mining Board. It would be best if we would receive only those Exhibits that concern Indian lands, specifically on or adjacent to Indian lands. This may be a difficult situation to attain, as it is not always clear where 'on or adjacent' occurs.

I am aware that you have gone to extra effort to correct this matter already, and I fully appreciate it. My request is intended only to allow the addition of Uintah & Ouray Agency and Ute Indian Tribe to the official listing.

We appreciate you concern, and hope that these comments are timely enough for consideration in the revision process. Clientes H Common

CC:

Minerals & Mining Section of RES

Ute Energy & Mineral Resources Department: Executive Director chrono

JAN. 17. 2003 3:34PM





NO. 173 P. 2



### WESTPORT OIL AND GAS COMPANY, L.P.

410 Seventeenth Street #2300 Deriver Colorada 60202-4436 Telephone: 303 573 5404 Part: 303 573 5609

February 1, 2002

Department of the Interior Bureau of Land Management 2850 Youngfield Street Lakewood, CO 80215-7093 Attention: Ms. Martha Maxwell

RE:

BLM Bond CO-1203

BLM Nationwide Bond 158626364
Surety — Commental Casualty Company
Belco Energy Corporation merger into Westport Oil and Gas Company, Inc.
Conversion of Westport Oil and Gas Company, Inc., into Westport Oil and Gas Company, L.P.
Assumption Rider — Westport Oil and Gas Company, L.P.

#### Dear Ms. Maxwell:

Pursuant to our recent conversations, please find the following list of enclosures for the BLM's consideration and approval:

Two (2) Assumption Riders, fully executed originals.

Copies of Belco Energy Corporation merger into Westport Oil and Gas Company, Inc., Copies of Westport Oil and Gas Company, Inc., conversion into Westport Oil and Gas Company, L.P.

List of all Federal/BIA/State Leases - Beloo/Westport's leases - in all states.

Please inform us of any additional information needed to complete the change to Westport Oil and Gas Company, L.P., as operator of record.

I thank you for your assistance and cooperation in this matter. Please do not hesitate contacting the undersigned, should a question arise.

Sincerely,

Westport Oil and Gas Company, L.P.

Debby J. Black

Engineer Technician

Encl:



### United States Department of the Interior

### BUREAU OF LAND MANAGEMENT Utah State Office P.O. Box 45155

P.O. Box 45155 Salt Lake City, UT 84145-0155

IN REPLY REFER TO UT-922

February 27, 2003

Westport Oil and Gas Company, L.P. Attn: Gary D. Williamson 1670 Broadway, Suite 2800 Denver, Colorado 80202

Re:

Natural Buttes Unit Uintah County, Utah

#### Gentlemen:

On February 27, 2003, we received an indenture dated December 17, 2002, whereby El Paso Production Oil & Gas Company resigned as Unit Operator and Westport Oil and Gas Company, L.P., was designated as Successor Unit Operator for the Natural Buttes Unit, Uintah County, Utah.

This indenture was executed by all required parties and the signatory parties have complied with Sections 5 and 6 of the unit agreement. The instrument is hereby approved effective February 27, 2003. In approving this designation, the Authorized Officer neither warrants nor certifies that the designated party has obtained all required approval that would entitle it to conduct operations under the Natural Buttes Unit Agreement.

Your nationwide (Colorado) oil and gas bond No. 1203 will be used to cover all operations within the Natural Buttes Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

#### Enclosure

bcc: Fiel

Field Manager - Vernal (w/enclosure)

SITLA

Division of Oil, Gas & Mining Minerals Adjudication Group

File - Natural Buttes Unit (w/enclosure)

Agr. Sec. Chron

Fluid Chron

UT922:TAThompson:tt:02/27/2003

RECEIVED

FEB 2 8 2003

DIV. OF OIL, GAS & MINING

| STATE OF UTAH                                                                                                                                                                                                                                    | FORM 9                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                  | 5. LEASE DESIGNATION AND SERIAL NUMBER:                |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                  |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. | 7. UNIT or CA AGREEMENT NAME:                          |
| 1 TYPE OF WELL OIL WELL GAS WELL OTHER                                                                                                                                                                                                           | 8. WELL NAME and NUMBER.<br>Exhibit "A"                |
| 2. NAME OF OPERATOR: El Paso Production Oil & Gas Company                                                                                                                                                                                        | 9. API NUMBER:                                         |
| 3. ADDRESS OF OPERATOR:  9 Greenway Plaza  GIT? Houston  SHALE TX 28, 77064-0995 (832) 676-5933                                                                                                                                                  | 10. FIELD AND POOL, OR WILDCAT:                        |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE:                                                                                                                                                                                                         | COUNTY:                                                |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                     | STATE: UTAH                                            |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPO                                                                                                                                                                                   | RT, OR OTHER DATA                                      |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                |                                                        |
| NOTICE OF INTENT (Submit in Duplicate)  ACIDIZE  DEEPEN  FRACTURE TREAT                                                                                                                                                                          | REPERFORATE CURRENT FORMATION SIDETRACK TO REPAIR WELL |
| Approximate date work will start: CASING REPAIR NEW CONSTRUCTION                                                                                                                                                                                 | TEMPORARILY ABANDON                                    |
| CHANGE TO PREVIOUS PLANS  OPERATOR CHANGE                                                                                                                                                                                                        | TUBING REPAIR                                          |
| CHANGE TUBING PLUG AND ABANDON                                                                                                                                                                                                                   | VENT OR FLARE                                          |
| SUBSEQUENT REPORT CHANGE WELL NAME PLUG BACK (Submit Original Form Only)                                                                                                                                                                         | WATER DISPOSAL .                                       |
| Date of work completion:  CHANGE WELL STATUS  PRODUCTION (START/RESUME)                                                                                                                                                                          | WATER SHUT-OFF                                         |
| COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL SITE                                                                                                                                                                                          | OTHER:                                                 |
| CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                                                                                                                                                                                               | **************************************                 |
| DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volume Operator change to Westport Oil and Gas Company, L.P., 1670 Broadway, Suite 28 effective December 17, 2002.                        | •                                                      |
| BOND #                                                                                                                                                                                                                                           |                                                        |
| State Surety Bond No. RLB0005236<br>Fee Bond No. RLB0005238                                                                                                                                                                                      | RECEIVED                                               |
| EL PASO PRODUCTION OIL & GAS COMPANY                                                                                                                                                                                                             | •                                                      |
| ELI AGONTORO DE LA GALO GOMINANTI                                                                                                                                                                                                                | FEB 2 8 2003                                           |
| By:                                                                                                                                                                                                                                              | DIV. OF OIL. GAS & MINING                              |
| Jon R. Nelsen, Attorney-in-Fact                                                                                                                                                                                                                  |                                                        |
| WESTPORT OIL AND GAS COMPANY, L.P.  NAME (PLEASE PRINT) David R. Dix  TITLE Agent and Attorn                                                                                                                                                     | ey-in-Fact                                             |
| SIGNATURE CUINY DATE                                                                                                                                                                                                                             | ,                                                      |

(This space for State use only)

|                                                                                                                                                       |                                        | 14W A 4 7 7000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. I hereby certify that the foregoing is true and correct                                                                                           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| THE (Pronted/1904)                                                                                                                                    |                                        | DIV. OF OIL, GAE & MININ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CHERYL CAMERON                                                                                                                                        | Title                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature                                                                                                                                             | OPERATIONS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ( there ( Comeson)                                                                                                                                    | Date<br>March 4, 2003                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Approved by THIS SP                                                                                                                                   | ACE FOR FEDERAL OR STATE US            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Approved by                                                                                                                                           | Title                                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Conditions of approval, if any, are attached Approval of this notice does certify that the applicant holds level or countries and of this notice does |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| certify that the applicant holds legal or equivable title to those rights in the which would entitle the applicant to conduct operations thereon.     | c subject lease                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Title 18 U.S.C. Section 1001 makes the room.                                                                                                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Title 18 U.S.C. Section 1001, make it a crime for any person false, fictitious or fraudulent statements or representations as to                      | knowingly and willfully to make to any | department or seency of the United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| false, fictitious or fraudulent statements or representations as to  (Instructions on reverse)                                                        | any matter within its jurisdiction.    | the many of the canon sales any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                       |                                        | The state of the s |

### **OPERATOR CHANGE WORKSHEET**

| ROUTING |   |
|---------|---|
| 1. GLH  | l |
| 2. CDW  | l |
| 3. FILE | l |

### X Change of Operator (Well Sold)

5. If NO, the operator was contacted contacted on:

Designation of Agent/Operator

Operator Name Change

Merger

| The operator of the well(s) listed below has changed,                                                                                                                             | effective: | 12-17-02                        |           |             |      |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------|-----------|-------------|------|------------|
| FROM: (Old Operator):                                                                                                                                                             |            | <b>TO:</b> ( New O <sub>1</sub> | perator): |             |      |            |
| EL PASO PRODUCTION OIL & GAS COMPANY                                                                                                                                              | 1          | WESTPORT C                      |           | COMPANY     | LP   | ( a a th   |
| Address: 9 GREENWAY PLAZA                                                                                                                                                         | 1          | Address: P O E                  |           |             |      |            |
|                                                                                                                                                                                   | 1          | <del> </del>                    |           |             |      |            |
| HOUSTON, TX 77064-0995                                                                                                                                                            | 1          | VERNAL, UT                      | 84078     |             |      |            |
| Phone: 1-(832)-676-5933                                                                                                                                                           |            | Phone: 1-(435)                  |           |             |      |            |
| Account No. N1845                                                                                                                                                                 | 1          | Account No.                     | N2115     |             |      |            |
| CA No.                                                                                                                                                                            |            | Unit:                           | NATURA    | L BUTTES    |      |            |
| WELL(S)                                                                                                                                                                           |            |                                 |           |             |      |            |
|                                                                                                                                                                                   | SEC TWN    | API NO                          | ENTITY    | LEASE       | WELL | WELL       |
| NAME                                                                                                                                                                              | RNG        |                                 | NO        | TYPE        | TYPE | STATUS     |
| NBU CIGE 62D-32-9-22                                                                                                                                                              | 36-09S-22E | 43-047-30885                    | 2900      | STATE       | GW   | P          |
| NBU 213-36J                                                                                                                                                                       | 36-09S-22E | 43-047-31268                    | 2900      | STATE       | GW   | P          |
| NBU 318-36E                                                                                                                                                                       | 36-09S-22E | 43-047-32204                    | 2900      | STATE       | GW   | P          |
| NBU 343-36E                                                                                                                                                                       | 36-09S-22E | 43-047-32205                    | 2900      | STATE       | GW   | P          |
| CIGE 221-36-9-22                                                                                                                                                                  | 36-09S-22E | 43-047-32868                    | 2900      | STATE       | GW   | P          |
| CIGE 222-36-9-22                                                                                                                                                                  | 36-09S-22E | 43-047-32869                    | 2900      | STATE       | GW   | P          |
| CIGE 147-36-9-22                                                                                                                                                                  | 36-09S-22E | 43-047-32020                    | 2900      | STATE       | GW   | PA         |
| CIGE 177-1-10-20                                                                                                                                                                  | 01-10S-20E | 43-047-32322                    | 2900      | FEDERAL     | GW   | P          |
| NBU CIGE 35-1-10-20                                                                                                                                                               | 01-10S-20E | 43-047-30494                    | 2900      | FEDERAL     | GW   | S          |
| CIGE 134-1-10-20                                                                                                                                                                  | 01-10S-20E | 43-047-31989                    | 2900      | FEDERAL     | GW   | P          |
| CIGE 165-1-10-20                                                                                                                                                                  | 01-10S-20E | 43-047-32114                    | 2900      | FEDERAL     | GW   | P          |
| NBU 358-1E                                                                                                                                                                        | 01-10S-20E | 43-047-32388                    | 2900      | FEDERAL     | GW   | P          |
| CIGE 229-1-10-20                                                                                                                                                                  | 01-10S-20E | 43-047-33006                    | 2900      | FEDERAL     | GW   | P          |
| NBU 497-1E                                                                                                                                                                        | 01-10S-20E | 43-047-33123                    | 2900      | FEDERAL     | GW   | P          |
| NBU 162                                                                                                                                                                           | 12-10S-20E | 43-047-32066                    | 2900      | FEDERAL     | GW   | P          |
| NBU 63-12B                                                                                                                                                                        | 12-10S-20E | 43-047-30466                    | 2900      | FEDERAL     | GW   | P          |
| NBU 72N-3                                                                                                                                                                         | 12-10S-20E | 43-047-31088                    | 2900      | FEDERAL     | GW   | P          |
| NBU 168                                                                                                                                                                           | 12-10S-20E | 43-047-32117                    | 2900      | FEDERAL     | GW   | P          |
| NBU 169                                                                                                                                                                           | 12-10S-20E | 43-047-32118                    | 2900      | FEDERAL     | GW   | P          |
| NBU 295                                                                                                                                                                           | 12-10S-20E | 43-047-32939                    | 2900      | FEDERAL     | GW   | P          |
| OPERATOR CHANGES DOCUMENTATION  Enter date after each listed item is completed  1. (R649-8-10) Sundry or legal documentation was received from the FORMER operator on: 02/28/2003 |            |                                 |           |             |      |            |
| 2. (R649-8-10) Sundry or legal documentation was received from the NEW operator on: 03/04/2003                                                                                    |            |                                 |           |             |      |            |
| 3. The new company has been checked through the Departm                                                                                                                           |            |                                 | •         |             |      | 03/06/2003 |
| 4. Is the new operator registered in the State of Utah:                                                                                                                           | YES        | Business Numb                   | er:       | 1355743-018 | 1    |            |

| 7. Federal and Indian Lease Wells: The BLM and or the BIA has approved the merger, name change, or operator change for all wells listed on Federal or Indian leases on: BLM-12/31/2003 BIA-12/5/02  8. Federal and Indian Units: The BLM or BIA has approved the successor of unit operator for wells listed on: 02/27/2003  9. Federal and Indian Communization Agreements ("CA"): The BLM or BIA has approved the operator for all wells listed within a CA on: N/A  10. Underground Injection Control ("UIC") The Division has approved UIC Form 5, Transfer of Authority to Inject, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: N/A  DATA ENTRY: 1. Changes entered in the Oil and Gas Database on: 03/19/2003  2. Changes have been entered on the Monthly Operator Change Spread Sheet on: 03/19/2003  3. Bond information entered in RBDMS on: N/A  4. Fee wells attached to bond in RBDMS on: N/A  STATE WELL(S) BOND VERIFICATION: 1. State well(s) covered by Bond Number: RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION: 1. Federal well(s) covered by Bond Number: RLB 0005239 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The BLM or BIA has approved the successor of unit operator for wells listed on: 02/27/2003  9. Federal and Indian Communization Agreements ("CA"): The BLM or BIA has approved the operator for all wells listed within a CA on: N/A  10. Underground Injection Control ("UIC") The Division has approved UIC Form 5, Transfer of Authority to Inject, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: N/A  DATA ENTRY: 1. Changes entered in the Oil and Gas Database on: 03/19/2003  2. Changes have been entered on the Monthly Operator Change Spread Sheet on: 03/19/2003  3. Bond information entered in RBDMS on: N/A  4. Fee wells attached to bond in RBDMS on: N/A  STATE WELL(S) BOND VERIFICATION: 1. State well(s) covered by Bond Number: RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION: 1. Federal well(s) covered by Bond Number: 158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                 |
| The BLM or BIA has approved the operator for all wells listed within a CA on: N/A  10. Underground Injection Control ("UIC") The Division has approved UIC Form 5, Transfer of Authority to Inject, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: N/A  DATA ENTRY:  1. Changes entered in the Oil and Gas Database on: 03/19/2003  2. Changes have been entered on the Monthly Operator Change Spread Sheet on: 03/19/2003  3. Bond information entered in RBDMS on: N/A  4. Fee wells attached to bond in RBDMS on: N/A  STATE WELL(S) BOND VERIFICATION:  1. State well(s) covered by Bond Number: RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION:  1. Federal well(s) covered by Bond Number: 158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                 |
| DATA ENTRY:  1. Changes entered in the Oil and Gas Database on:  2. Changes have been entered on the Monthly Operator Change Spread Sheet on:  3. Bond information entered in RBDMS on:  4. Fee wells attached to bond in RBDMS on:  N/A  STATE WELL(S) BOND VERIFICATION:  1. State well(s) covered by Bond Number:  RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION:  1. Federal well(s) covered by Bond Number:  1. State well(s) covered by Bond Number:  1. Federal well(s) covered by Bond Number:  1. Tederal well(s) covered by Bond Number:  1. Tederal well(s) covered by Bond Number:  1. Tederal well(s) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1. Changes entered in the Oil and Gas Database on:  O3/19/2003  2. Changes have been entered on the Monthly Operator Change Spread Sheet on: O3/19/2003  3. Bond information entered in RBDMS on: N/A  4. Fee wells attached to bond in RBDMS on: N/A  STATE WELL(S) BOND VERIFICATION: 1. State well(s) covered by Bond Number: RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION: 1. Federal well(s) covered by Bond Number: 158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. Bond information entered in RBDMS on:  N/A  4. Fee wells attached to bond in RBDMS on:  N/A  STATE WELL(S) BOND VERIFICATION:  1. State well(s) covered by Bond Number:  RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION:  1. Federal well(s) covered by Bond Number:  158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Fee wells attached to bond in RBDMS on:  N/A  STATE WELL(S) BOND VERIFICATION:  1. State well(s) covered by Bond Number:  RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION:  1. Federal well(s) covered by Bond Number:  158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE WELL(S) BOND VERIFICATION:  1. State well(s) covered by Bond Number:  RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION:  1. Federal well(s) covered by Bond Number:  158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1. State well(s) covered by Bond Number:  RLB 0005236  FEDERAL WELL(S) BOND VERIFICATION:  1. Federal well(s) covered by Bond Number:  158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1. Federal well(s) covered by Bond Number: 158626364  INDIAN WELL(S) BOND VERIFICATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FEE WELL(S) BOND VERIFICATION:  1. (R649-3-1) The NEW operator of any fee well(s) listed covered by Bond Number  RLB 0005238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2. The <b>FORMER</b> operator has requested a release of liability from their bond on:  The Division sent response by letter on:  N/A  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LEASE INTEREST OWNER NOTIFICATION:  3. (R649-2-10) The FORMER operator of the fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on:  N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| COMMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



State of Litah

Department of Natural Resources

Division of Oil, Gas & Mining

ROBERT L. MORGAN Executive Director

LOWELL P. BRAXTON
Division Director

MICHAEL O. LEAVITT Governor

OLENE S. WALKER Lieutenant Governor

February 20, 2004

CERTIFIED MAIL NO. 7002 0510 0003 8602 4910

James Cleere Westport Oil & Gas Co. LP 1670 Broadway, Suite 2800 Denver, Colorado 80202-2800

Re: Extended Shut-in and Temporary Abandoned Well Requirements for Fee or State Leases.

Dear Mr. Cleere:

Westport Oil & Gas Co. LP, as of February 2004, has ten (10) State Lease Wells and one (1) Fee Lease Well (see attachment A) that are currently in non-compliance for extended shut-in or temporary abandonment status. Wells SI/TA beyond twelve (12) consecutive months requires filing a Sundry Notice (R649-3-36-1). Wells with five (5) years non-activity or non-productivity shall be plugged, unless the Division grants approval for extended shut-in time upon a showing of good cause by the operator (649-3-36-1.3.3). For extended SI/TA consideration the operator shall provide the Utah Division of Oil, Gas & Mining with the following:

- 1. Reasons for SI/TA of the well (R649-3-36-1.1).
- 2. The length of time the well is expected to be SI/TA (R649-3-36-1.2), and
- 3. An explanation and supporting data if necessary, for showing the well has integrity, meaning that the casing, cement, equipment condition, static fluid level, pressure, existence or absence of Underground Sources of Drinking Water and other factors do not make the well a risk to public health and safety or the environment (R649-3-36-1.3).



Page 2 February 20, 2004 James Cleere

Submitting the information suggested below may help show well integrity and may help qualify your well for extended SI/TA. Note: As of July 1, 2003, wells in violation of the SI/TA rule R649-3-36 may be subject to full cost bonding (R649-3-1-4.2, 4.3).

- 1. Wellbore diagram, and
- 2. Copy of recent casing pressure test, and
- 3. Current pressures on the wellbore (tubing pressure, casing pressure, and casing/casing annuli pressure) showing wellbore has integrity, and
- 4. Fluid level in the wellbore, and
- 5. An explanation of how the submitted information proves integrity.

If the required information is not received within 30 days of the date of this notice, further actions may be initiated. If you have any questions concerning this matter, please contact me at (801) 538-5281.

Sincerely,

Dustin K. Doucet Petroleum Engineer

jç

cc:

John Baza Well File SITLA

|    | Well Name          | API          | Lease Type | Years Inactive    |
|----|--------------------|--------------|------------|-------------------|
| 1  | NBU 62N            | 43-047-30909 | State      | 1 Year 0 Months   |
| 2  | CIGE 9             | 43-047-30419 | State      | 1 Year 2 Months   |
| 3  | Stirrup 32-1-J     | 43-047-31646 | State      | 1 Year 2 Months   |
| 4  | Stirrup State 32-1 | 43-047-31557 | State      | 1 Year 7 Months   |
| 5  | NBU 75N3           | 43-047-31103 | State      | 2 Years 0 Months  |
| 6  | NBU 24N2           | 43-047-30535 | State      | 2 Years 2 Months  |
| 7  | NBU 318-36E        | 43-047-32204 | State      | 2 Years 3 Months  |
| 8  | CIGE 81 D          | 43-047-30854 | State      | 3 Years 1 Month   |
| 9  | Archy Bench State  | 43-047-31489 | State      | 3 Years 10 Months |
| 10 | NBU 167            | 43-047-32054 | State      | 5 Years 0 Months  |
|    |                    |              |            | <u> </u>          |
| 1  | Leland Bench 35-22 | 43-047-34158 | Fee        | 1 Year 5 Months   |



State of Utah

Department of Natural Resources

ROBERT L. MORGAN Executive Director

Division of Oil, Gas & Mining

LOWELL P. BRAXTON
Division Director

OLENE S. WALKER
Governor

GAYLE F. McKEACHNIE
Liettenant Governor

July 21, 2004

CERTIFIED MAIL NO. 7002 0510 0003 8602 5238

Ms. Sheila Upchego Westport Oil and Gas Company L.P. 1368 South 1200 East Vernal, Utah 84078

Re: Extended Shut-in and Temporary Abandoned Well Requirements for Fee or State Leases dated February 20, 2004.

Dear Ms. Upchego:

The Division of Oil, Gas and Mining (the "Division") is in receipt of your letter dated May 28, 2004 (received by the Division on 6/3/2004) in regards to the eleven (11) shut-in wells operated by Westport Oil & Gas Company L.P. ("Westport"). It is the Division's understanding Westport intends to plug and abandon seven (7) wells this year, convert the CIGE 9 well to SWD, and place the NBU 24N2 on production. Westport has already placed the Archy Bench State 1-2 back on production. The NBU 318-36E will be discussed in paragraph three of this letter.

The Division accepts Westport's plan to plug and abandon the NBU 62N, Stirrup 32-1-J, Stirrup State 32-1, NBU 75N3, CIGE 81D, NBU 167 and Leland Bench 35-22 wells, and in addition accepts the plan to convert the CIGE 9 to a SWD well and connect the NBU 24N2 to a low-pressure line so it may be produced. The Division grants these nine (9) wells extended shut-in/temporary abandonment. These extensions are valid through May 28, 2005, allowing adequate time to accomplish the proposed work. The approved sundries and conditions of approval for plugging are enclosed with this letter.

95 228 36

Regarding the NBU 318-36E the Division records designate Westport as the operator of this well. The Division is willing to accept a plan of action for this well from either Westport or EOG, however we hold Westport responsible to ensure that the requirements in the Division's letter dated February 20, 2004 are accomplished. We ask that the requested information be submitted in the next 30 days or further action may be taken.



Page 2 Ms. Sheila Upchego July 21, 2004

For reference, attachment A lists the wells subject to the request. If you have any questions or need additional assistance in regards to the above matters please contact me at (801) 538-5281.

Sincerely,

Dustin Doucet Petroleum Engineer

CLD:jc Enclosure

cc: well file

SITLA

|    | Well Name             | API          | Lease Type | Years Inactive    |
|----|-----------------------|--------------|------------|-------------------|
| 1  | NBU 62N               | 43-047-30909 | State      | 1 Year 0 Months   |
| 2  | CIGE 9                | 43-047-30419 | State      | 1 Year 2 Months   |
| 3  | Stirrup 32-1-J        | 43-047-31646 | State      | 1 Year 2 Months   |
| 4  | Stirrup State 32-1    | 43-047-31557 | State      | 1 Year 7 Months   |
| 5  | NBU 75N3              | 43-047-31103 | State      | 2 Years 0 Months  |
| 6  | NBU 24N2              | 43-047-30535 | State      | 2 Years 2 Months  |
| 7  | NBU 318-36E           | 43-047-32204 | State      | 2 Years 3 Months  |
| 8  | CIGE 81D              | 43-047-30854 | State      | 3 Years 1 Month   |
| 9  | Archy Bench State 1-2 | 43-047-31489 | State      | 3 Years 10 Months |
| 10 | NBU 167               | 43-047-32054 | State      | 5 Years 0 Months  |
|    |                       |              |            |                   |
| 1  | Leland Bench 35-22    | 43-047-34158 | Fee        | 1 Year 5 Months   |



1368 South 1200 East Vernal Utah 84078 Telephone: 435-781-0166 Fax: 435-781-7095

May 28, 2004

Dustin K. Doucet
Petroleum Engineer
State of Utah
Department of Natural Resources
Division of Oil, Gas & Mining
1594 West North Temple, Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-5801

## Re: <u>Extended Shut-in and Temporary Abandoned Well Requirements for Fee or State Leases</u>

Dear Mr. Doucet:

Attached are the sundries for the following well locations:

|       | Well Name          | API          | Lease Type | Type of Action                              |
|-------|--------------------|--------------|------------|---------------------------------------------|
| ₹'    | NBU 62N            | 43-047-30909 | State      | P&A                                         |
|       | CIGE 9             | 43-047-30419 | State      | Convert to SWD                              |
| ,,    | Stirrup 32-1-J     | 43-047-31646 | State      | P&A                                         |
|       | Stirrup State 32-1 | 43-047-31557 | State      | P&A                                         |
|       | NBU 75N3           | 43-047-31103 | State      | P&A                                         |
|       | NBU 24N2           | 43-047-30535 | State      | Extend TA until Pipeline can be established |
|       | NBU 318-36E        | 43-047-32204 | State      | EOG Well                                    |
| ^ ســ | CIGE 81D           | 43-047-30854 | State      | P&A                                         |
|       | Archy Bench State  | 43-047-31489 | State      | Placed back on Production                   |
|       | NBU 167            | 43-047-32054 | State      | P&A                                         |
| * سين | Leland Bench 35-22 | 43-047-34158 | Fee        | P&A                                         |
|       | Stirrup State 29-3 | 43-047-31634 | BLM        | To be further evaluated                     |

JUN 0 3 2004



1368 South 1200 East Vernal Utah 84078 Telephone: 435-781-0166 Fax: 435-781-7095

If you have any questions, please contact Sheila Upchego at 435-781-7024 or Steve McPherson at 435-781-7037.

Sincerely,

Regulatory Analyst

9 S. La E. Sec. 36



## Department of Natural Resources

MICHAEL R. STYLER Executive Director

Division of Oil, Gas & Mining

JOHN R. BAZA Division Director JON M. HUNTSMAN, JR. Governor

GARY R. HERBERT Lieutenant Governor

June 30, 2005

CERTIFIED MAIL NO.

Sheila Upchego Westport Oil and Gas Company, L.P. 1368 South 1200 East Vernal, UT 84078

Re: Extended Shut-in and Temporarily Abandoned Well Requirements for Fee or State Leases.

Dear Ms. Upchego:

The Division of Oil, Gas and Mining (the "Division") is in receipt of your letter dated May 19, 2005 (received by the Division 05/23/2005) in regards to seven (7) shutin or temporarily abandoned (SI/TA) wells. Westport Oil and Gas Company, L.P. ("Westport") has plugged three of these wells (Stirrup State 32-1J, API # 43-047-31646, Stirrup State 32-1, API # 43-047-31557, Leland Bench 35-22, API # 43-047-34158). Westport is requesting a six month extension to allow plugging and abandonment of the remaining four wells. These wells are the NBU 75N3 (API # 43-047-31103), the NBU 62N (API # 43-047-30909), the NBU 167 (API # 43-047-32054) and the CIGE 81D (API # 43-047-30854). The Division understands that Westport currently has a contract to plug these wells and that said contractor is currently plugging wells for another operator. Six months should allow time for the contractor to plug and abandon these four wells.

Based on the submitted plan of action and justification for delay, the Division grants Westport extended SI/TA status for the NBU 75N3 (API # 43-047-31103), the NBU 62N (API # 43-047-30909), the NBU 167 (API # 43-047-32054) and the CIGE 81D (API # 43-047-30854) wells. The extensions for these wells are valid through January 1, 2006.

Westport has 6 other wells that are currently in non-compliance with R649-3-36. These wells are the NBU 24N2 (API # 43-047-30535), the NBU 318-36E (API # 43-047-32204), the CIGE 282 (API # 43-047-34436), the Kennedy Wash 16-1 (API # 43-047-33589), the CIGE 161 (API # 43-047-32168) and the Lookout Point State 1-16 (API # 43-047-30544).

The NBU 24N2 and the NBU 318-36E wells are carry-overs from last years SI/TA non-compliance list. The NBU 24N2 was to be returned to production last year. To date the Division has no information that this is the case. Westport never submitted plans for the NBU 318-36E. A request for extended SI/TA in accordance with R649-3-36 (including information showing the wells have integrity) shall be submitted to the Division for approval.

Westport submitted a sundry dated May 25, 2004 requesting extended SI/TA approval with a 5 year plan to plug wells in Uintah County, Utah. The CIGE 282 and the Lookout Point State 1-16 wells were part of that request. The Division approved these wells for extended SI/TA through September 1, 2005 with the condition that wellbore integrity was addressed. To date, no information on the condition of these wells has been supplied to the Division. A request for extended SI/TA in accordance with R649-3-36 (including information showing the wells have integrity) shall be submitted to the Division for approval.

There hasn't been a request for extended SI/TA approval on the remaining two wells currently in non-compliance (the Kennedy Wash 16-1 well and the CIGE 161 well). A request for extended SI/TA in accordance with R649-3-36 (including information showing the wells have integrity) shall be submitted to the Division for approval.

Please submit the required information by August 1, 2005 or further actions may be initiated. If you have any questions or need additional assistance in regards to the above matters please contact me at (801) 538-5281.

lincerely,

)

Dustin K. Doucet Petroleum Engineer

cc: Well File

SITLA

1368 South 1200 East Vernal Utah 84078 Telephone: 435 789 4433 Fax: 435 789 4436

May 19, 2005

Dustin Doucet
Petroleum Engineer
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-5801

RECEIVED
MAY 2 3 2005

DIV. OF OIL, GAS & MINING

RE: Extended Shut-in and Temporary Abandonment Well Requirements for Fee or State Leases.

Dear Mr. Doucet:

The Division of Oil, Gas & Mining has granted the operator extended shut-in/temporary abandonment status valid through May 28, 2005. The operator has Plugged and Abandoned 3 well locations (Stirrup State 32-1J, Stirrup State 32-1, and Leland Bench 35-22).

The operator requests for an additional 6 months to complete the plug and abandonment process of 4 well locations to be completed for the following well locations:

| NBU 75N3 | NENE | SEC 20-T10-R21E  | 43-047-31103 |
|----------|------|------------------|--------------|
| NBU 62N  | SENW | SEC 16-T10S-R21E | 43-047-30909 |
| NBU 167  | SESW | SEC 25-T9S-R21E  | 43-047-32054 |
| CIGE 81D | NENE | SEC 4-T10S-R21E  | 43-047-30854 |

If you have any questions, please contact Sheila Upchego @(435) 781-7024 or Steve McPherson @(435) 781-7037.

Sincerely,

Regulatory Analyst

Form 3160-5 (April 2004)

# UNITED STATES , DEPARTMENT OF THE INTERIOR

| FORM APPROVED          |    |
|------------------------|----|
| OMB No. 1004-0137      |    |
| Expires: March 31, 200 | ĺ, |

| TYPE OF SUBMISSION  Acidize Deepen Production (S Alter Casing Fracture Treat Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. Lease Serial No. ML 22650  6. If Indian, Allottee or Tribe Name  7. If Unit or CA/Agreement, Name and/or No.  8. Well Name and No. NATURAL BUTTES UNIT 318-36E  9. API Well No. 43-047-32204  10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.  SUBMIT IN TRIPLICATE- Other instructions on reverse side.  1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6. If Indian, Allottee or Tribe Name  7. If Unit or CA/Agreement, Name and/or No.  8. Well Name and No. NATURAL BUTTES UNIT 318-36E  9. API Well No. 43-047-32204  10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA                               |
| Abandoned well. Use Form 3160 - 3 (APD) for such proposals.  SUBMIT IN TRIPLICATE - Other instructions on reverse side.  Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. If Unit or CA/Agreement, Name and/or No.  8. Well Name and No. NATURAL BUTTES UNIT 318-36E  9. API Well No. 43-047-32204  10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA                                                                     |
| Type of Well Oil Well Gas Well Other  Name of Operator EOG RESOURCES, INC.  A Address P.O. BOX 250 Big Piney WY, 83113 Location of Well (Footage, Sec., T., R, M, or Survey Description)  SWNE 1869 FNL 1482 FEL SECTION 36, T9S, R22E 39.99461 LAT 109.38368 LON  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize Deepon Production (S Fracture Treat Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8. Well Name and No. NATURAL BUTTES UNIT 318-36E  9. API Well No. 43-047-32204  10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA                                                                                                                  |
| Name of Operator  EOG RESOURCES, INC.  3b. Phone No. (include area code) 307-276-3331  Location of Well (Footage, Sec., T., R, M., or Survey Description)  SWNE 1869 FNL 1482 FEL SECTION 36, T9S, R22E 39.99461 LAT 109.38368 LON  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize  Acidize  Production (S Fracture Treat  Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NATURAL BUTTES UNIT 318-36E  9. API Well No. 43-047-32204  10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA  Start/Resume) Water Shut-Off                                                                                                         |
| A Address P.O. BOX 250 Big Piney WY, 83113  Location of Well (Footage, Sec., T., R, M., or Survey Description)  SWNE 1869 FNL 1482 FEL SECTION 36, T9S, R22E 39.99461 LAT 109.38368 LON  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize Deepon Production (S Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. API Well No. 43-047-32204  10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA  Start/Resume) Water Shut-Off                                                                                                                                      |
| A Address P.O. BOX 250 Big Piney WY, 83113  Location of Well (Footage, Sec., T., R, M., or Survey Description)  SWNE 1869 FNL 1482 FEL SECTION 36, T9S, R22E 39.99461 LAT 109.38368 LON  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize Deepon Production (S Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10. Field and Pool, or Exploratory Area NATURAL BUTTES/WASATCH  11. County or Parish, State UINTAH COUNTY, UT  REPORT, OR OTHER DATA  Start/Resume) Water Shut-Off                                                                                                                                                                    |
| P.O. BOX 250 Big Piney WY, 83113  Location of Well (Footage, Sec., T., R, M., or Survey Description)  SWNE 1869 FNL 1482 FEL SECTION 36, T9S, R22E 39.99461 LAT 109.38368 LON  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize  Acidize  Production (S Fracture Treat  Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NATURAL BUTTES/WASATCH  11. County or Parish, State  UINTAH COUNTY, UT  REPORT, OR OTHER DATA  Start/Resume)                                                                                                                                                                                                                          |
| SWNE 1869 FNL 1482 FEL SECTION 36, T9S, R22E 39.99461 LAT 109.38368 LON  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize Deepcn Production (S Alter Casing Fracture Treat Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11. County or Parish, State  UINTAH COUNTY, UT  REPORT, OR OTHER DATA  Start/Resume)                                                                                                                                                                                                                                                  |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,  TYPE OF SUBMISSION  TYPE OF ACTION  Acidize  Acidize  Fracture Treat  Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REPORT, OR OTHER DATA  Start/Resume)                                                                                                                                                                                                                                                                                                  |
| TYPE OF SUBMISSION  TYPE OF ACTION  Acidize □ Deepcn □ Production (S □ Alter Casing □ Fracture Treat □ Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Start/Resume)                                                                                                                                                                                                                                                                                                                         |
| Acidize ☐ Deepcn ☐ Production (S ☐ Alter Casing ☐ Fracture Treat ☐ Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                     |
| Notice of Intent  Alter Casing  Fracture Treat  Reclamation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·                                                                                                                                                                                                                                                                                                                                     |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _                                                                                                                                                                                                                                                                                                                                     |
| Subsequent Report Casing Repair New Construction Recomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Other                                                                                                                                                                                                                                                                                                                                 |
| ☐ Change Plans ☐ Plug and Abandon ☐ Temporarily A☐ Final Abandonment Notice ☐ Convert to Injection ☐ Plug Back ☐ Water Disposa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       |
| EOG Resources, Inc. proposes to plug and abandon the referenced well as per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the attached procedure.                                                                                                                                                                                                                                                                                                               |
| EOG Resources, Inc. operates under Nationwide Bond #2308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
| OF UTA<br>OIL, GA<br>DATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DBY THE STATE H DIVISION OF AS, AND MINING O(3/0<  W// 4 Address of Approved (Atta                                                                                                                                                                                                                                                    |
| 4. I hereby certify that the foregoing is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |
| Name (Printed/Typed)  Kaylene R. Gardner  Title Regulatory Assistant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09/20/2005                                                                                                                                                                                                                                                                                                                            |
| THIS SPACE FOR FEDERAL OR STATE OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | USE                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                       |
| pproved by  Conditions of approval, if any, are attached. Approval of this notice does not warrant or ertify that the applicant holds legal or equitable title to those rights in the subject lease of the household of the conditions | Date                                                                                                                                                                                                                                                                                                                                  |
| hich would entitle the applicant to conduct operations thereon.  the 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully age; any false, fictitions or fraudulent, statements or representations as to any matter within its jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y to make to any department or agency of the United                                                                                                                                                                                                                                                                                   |

(Instructions on page 2)

han be more than a substitution

### **P&A PROGRAM**

NAUTRAL BUTTES 318-36E 1869' FNL & 1482' FEL (SW/NE) Section 36, T9S, R22E Uintah County, Utah July 27, 2004 EOG WI 66.667% NRI 46.270% API# 43-047-32204

AFE#303098

### **WELL DATA:**

**ELEVATION:** 

4965' GL

KB:

4977' (12' KB)

TOTAL DEPTH:

7275

PBTD:

D: 6746'

CASING:

9-5/8", 32.3#, H-40 set @ 238' KB. Cemented w/125 sxs Class 'G' to

Surface.

4 ½", 10 ½ #, J-55 set @ 6842' KB. Cemented w/400 sxs Class 'G'

followed by 1030 sxs 50/50 Pozmix. TOC @ 1560'.

TUBING:

194 its. 1.900", 2.75#, J-55

Landed @ 6677' KB

PERFORATIONS:

Island: 6624'-29', 6631'-38', 6640'-45' (All @ 2 SPF)

Buck Canyon: 6496'-98' (2 SPF)

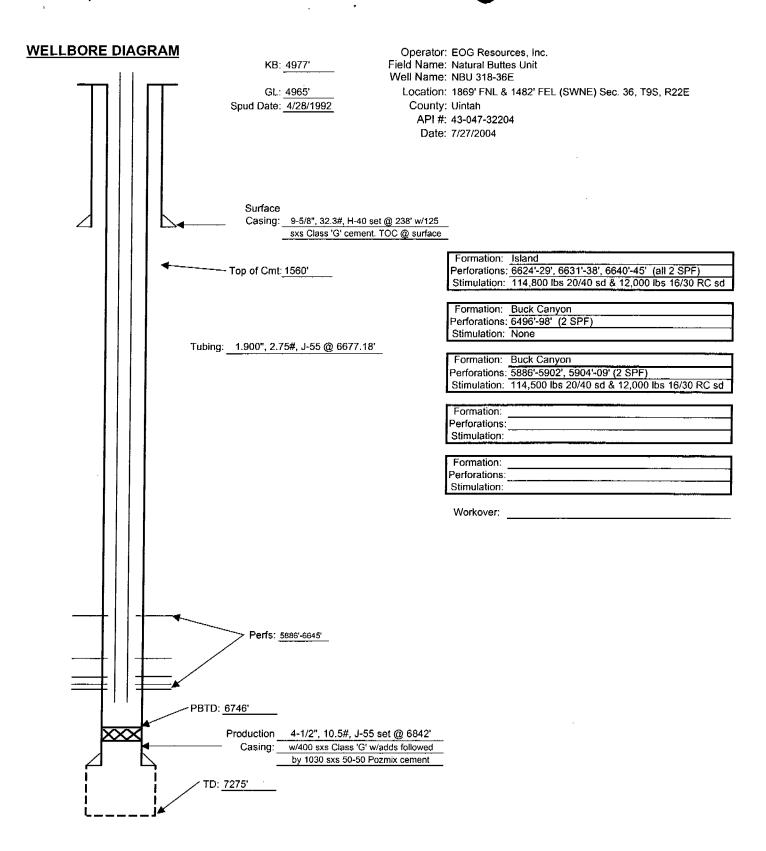
Buck Canyon: 5886'-5902', 5904'-09' (All @ @ SPF)

#### PROCEDURE:

- 1. MIRU SU. ND wellhead. NU BOPE.
- 2. With open-ended tubing at 6677'. RU Cement Company. Spot 100 sxs of Class 'G' w/2% CaCl<sub>2</sub> from 6677' to 5392'. PUH to 5200'. Braden head squeeze 6 bbls of cement out the perforations leaving the cement top at 5765'. PUH filling the casing with 9 lb fluid to 3270'.
- 3. Spot 50 sxs of Class 'G' w/2% CaCl<sub>2</sub> from 3270' to 2630'. PUH filling the casing with 9 lb fluid to 290'. POOH singling down tubing.
- 4. RUWL. Shoot 4 squeeze holes at 290' using a 3-1/8" HSC ported gun, 12-gram charges, 90-degree phasing. RDWL.
- 5. Pump down the 4 ½" casing trying to establish circulation from 290' up the 4 ½" x 9 5/8" casing annulus.

- 6. Pump 125 sxs of Class 'G' w/2% CaCl<sub>2</sub> down the 4 ½" casing and up the 4 ½" x 9-5/8" annulus. Should circulate out 3 bbls of cement which should leave the 4 ½" casing full. If necessary do a top down job on the 4 ½" x 9-5/8" annulus.
- 7. Cut off casing head. Weld on marker plate ± 3' below ground level. Remove anchors and backfill over the marker.

| PREPARED BY:    |                                            |
|-----------------|--------------------------------------------|
|                 | L. L. Arnold, Project Production Engineer  |
|                 |                                            |
| APPROVED BY:    |                                            |
|                 | J. R. Schaefer, Area Production Manager    |
|                 | ,                                          |
| APPROVED BY:    |                                            |
| 11110 , 24 = -1 | C. C. Parsons, Division Operations Manager |



**DIAGRAM** Operator: EOG Resources, Inc. KB: 4977' Field Name: Natural Buttes Unit Well Name: NBU 318-36E GL: 4965' Location: 1869' FNL & 1482' FEL (SWNE) Sec. 36, T9S, R22E Spud Date: 4/28/1992 County: Uintah API #: 43-047-32204 Date: 7/27/2004 Surface 9-5/8", 32.3#, H-40 set @ 238" Casing: w/125 sxs Class 'G' cement Sqz Perfs: 290' Formation: Island Perforations: 6624'-29', 6631'-38', 6640'-45' (all 2 SPF) Stimulation: 114,800 lbs 20/40 sd & 12,000 lbs 16/30 RC sd Formation: Buck Canyon Perforations: 6496'-98' (2 SPF) Stimulation: None Formation: Buck Canyon Plug: 2630'-3270' Perforations: 5886'-5902', 5904'-09' (all 2 SPF) Stimulation: 114,500 lbs 20/40 sd & 12,000 lbs 16/30 RC sd Formation: Perforations: Stimulation: Formation: Perforations: Stimulation: Workover: Plug: 5765'-6677' Perfs: 5886'-6645' PBTD: 6746' Production 4-1/2", 10.5#, J-55 set @ 6842' Casing: w/400 sxs Class G cement followed by 1040 sxs 50-50 Pozmix cement TOC @1560' TD: 7275'

PROPOSED P&A WELLBORE



### Department of Natural Resources

MICHAEL R. STYLER Executive Director

## Division of Oil, Gas & Mining

JOHN R. BAZA
Division Director

### JON M. HUNTSMAN, JR.

GARY R. HERBERT Lieutenant Governor

# CONDITIONS OF APPROVAL TO PLUG AND ABANDON WELL

Well Name and Number:

NBU 318-36E

API Number:

43-047-32204

Operator:

Westport Oil & Gas Company L.P.

Reference Document:

Original Sundry Notice Dated September 20, 2005

Received by DOGM on September 22, 2005

### **Approval Conditions:**

- 1. Notify the Division at least 24 hours prior to conducting abandonment operations. Please call Dan Jarvis at 801-538-5338.
- 2. ADD 100' PLUG from +/- 4308'-4208' with approximately 8 sacks. Top of Wasatch @ 4308' R649-3-24.3.
- 3. All intervals between plugs shall be filled with noncorrosive fluid.
- 4. All balanced plugs shall be tagged to ensure proper depth.
- 5. Surface reclamation shall be done in accordance with R649-3-34.3 Well Site Restoration.
- 6. All requirements in the Oil and Gas Conservation General Rule R649-3-24 shall apply.
- 7. If there are any changes to the plugging procedure or the wellbore configuration, notify Dustin Doucet at 801-538-5281 prior to continuing with the procedure.
- 8. All other requirements for notice and reporting in the Oil and Gas Conservation General Rules shall apply.

Dustin K. Doucet

October 3, 2005

Date

Petroleum Engineer

API Well No: 43-047-32204-00-00

Permit No:

Well Name/No: NBU 318-36E

Company Name: WESTPORT OIL & GAS CO LP

Location: Sec: 36 T: 9S R: 22E Spot: SWNE

Coordinates: X: 637986 Y: 4428200 Field Name: NATURAL BUTTES

County Name: UINTAH

| String Info | ormation        |                      |                   |                |               |
|-------------|-----------------|----------------------|-------------------|----------------|---------------|
| String      | Bottom (ft sub) | Diameter<br>(inches) | Weight<br>(lb/ft) | Length<br>(ft) |               |
| HOL1        | _ 238           | 12.25                |                   |                |               |
| SURF        | 238             | 9.625                | 32.3              | 2.263          | ` <del></del> |
| SURF        | 238             | 9.625                | 0                 |                |               |
| HOL2        | 6842            | 7.875                |                   |                | -2.918        |
| PROD        | 6842            | 4.5                  |                   | -11.167        | لــا          |

Cement from 238 ft. to surface Surface: 9.625 in. @ 238 ft.

Hole: 12.25 in. @ 238 ft.

Spz h.la @290 plug #3 290-Seyface Inside/outside

290/(1.18)(11.167) = 225K5 ]-119 sks

#### **Cement Information**

| String | BOC<br>(ft sub) | TOC<br>(ft sub) | Class | Sacks |
|--------|-----------------|-----------------|-------|-------|
| PROD   | 6842            | 1560            | G     | 400   |
| PROD   | 6842            | 1560            | UK    | 1030  |
| SURF   | 238             | 0               | G     | 125   |

Kaisw 3143

TOL

1560

2736 GR pluy #2 3270 -2630

640/(1.167) = 50 sks

**Perforation Information** 

.4308 Wasatd Top port 5886

> Add lou' plug 100/1.18)(11.167) & 8 5 ks

Plug #1 5765-6677

912/4/(18)(11.167) = 70 SKS F

| Formation In | formation |
|--------------|-----------|
| Formation    | Depth     |
| PETERPN      | 4308      |
| CHAPWE       | 4834      |
| BUCKCY       | 5396      |
| ISLND        | 6336      |

Cement from 6842 ft. to 1560 ft.

Production: 4.5 in. @ 6842 ft.

Hole: 7.875 in. @ 6842 ft.

Hole: Unknown

TD:

7275 TVD:

PBTD:



1670 Broadway Suite 2800 Denver Colorado 80202 Telephone: 303 573 5404 Fax: 303 573 5609

September 18, 2003

Mr. Dustin Doucet Utah Division of Oil, Gas and Mining P.O. Box 145801 Salt Lake City, UT 84114-6100

Re: Natural Buttes Unit Uintah County, Utah

Dear Mr. Doucet:

Westport Oil and Gas Company, L.P. recently acquired the Natural Buttes Unit from El Paso Production Company and assumed operation of the unit. Westport is aware that EOG Resources, Inc. continues to operate a number of wells within the unit under the provisions of the unit agreements and agreements entered into many years ago by the predecessors of Westport and EOG. In response to your inquiry, I have attached a list of the wells within the Natural Buttes Unit that EOG Resources, Inc. operates as Designation of Agent.

Sincerely,

Bruce E. Johnst Land Manager

BEJ/168

| WellUserID WellName        | APICode EOG Name          |
|----------------------------|---------------------------|
| UT0020.441 NBU 1-7B        | 4304730261 NBU 1-07B      |
| UT0020.08 NBU 2-15B        | 4304730262 NBU 2-15B      |
| UT0020.526 NBU 3-2B        | 4304730267 NBU 3-02B      |
| UT0020.345 NBU 4-35B       | 4304730273 NBU 4-35B      |
| UT0020.355 NBU 5-36B       | 4304730272 NBU 5-36B      |
| UT0020.461 NBU 7-9B        | 4304730278 NBU 7-09B      |
| UT0020.666 NBU 8-20B       | 4304730275 NBU 8-20B      |
| UT0020.280 NBU 10-29B      | 4304730274 NBU 10-29B     |
| UT0020.448 NBU 13-8B       | 4304730294 NBU 13-08B     |
| UT0020.221 NBU 15-29B      | 4304730296 NBU 15-29B     |
| UT0020.432 NBU 16-6B       | 4304730316 NBU 16-06B     |
| UT0020.634 NBU 17-18B      | 4304730317 NBU 17-18B     |
| UT0020.09 NBU 19-21B       | 4304730328 NBU 19-21B     |
| UT0020.130 NBU 25-20B      | 4304730363 NBU 25-20B     |
| UT0020.633 NBU 20-01B      | 4304730319                |
| UT0020.378 NBU 26-13B      | 4304730364 NBU 26-13B     |
| UT0020.418 NBU 28-4B       | 4304730367 NBU 28-04B     |
| UT0020.421 NBU 29-5B       | 4304730368 NBU 29-05B     |
| UT0020.116 NBU 30-18B      | 4304730380 NBU 30-18      |
| UT0020.612 NBU 31-12B BC   | 4304730385 NBU 31-12B BC  |
| UT0020.670 NBU 31-12B ISL  | 4304730385 NBU 31-12B ISL |
| UT0020.258 NBU 33-17B      | 4304730396 NBU 33-17B     |
| UT0020.37 NBU 34-17B       | 4304730404 NBU 34-17B     |
| UT0020.39 NBU 35-8B        | 4304730397 NBU 35-08B     |
| UT0020.667 NBU 36-7B       | 4304730399 NBU 36-07B     |
| UT0020.668 NBU 48-29B      | 4304730452 NBU 48-29B     |
| UT0020.02 NBU 49-12B       | 4304730470 NBU 49-12B     |
| UT0020.17 NBU 52-1B        | 4304730473 NBU 52-01B     |
| UT0020.26 NBU 53-3B        | 4304730474 NBU 53-03B     |
| UT0020.20 NBU 54-2B        | 4304730475 NBU 54-02B     |
| UT0020.70 NBU 57-12B       | 4304730464 NBU 57-12B     |
| UT0020.619 NBU 58-23B      | 4304730463 NBU 58-23B     |
| UT0020.688 NBU 62-35B      | 4304730477 NBU 62-35B     |
| UT0020.366 NBU 63-12B      | 4304730466 NBU 63-12B     |
| UT0020.689 NBU 70-34B      | 4304730577 NBU 70-34B TA  |
| UT0020.387 NBU 71-26B      | 4304730578 NBU 71-26B     |
| UT0020.22 NBU 202-3J       | 4304731150 NBU 202-03     |
| UT0020.449 NBU 205-8 (FED) | 4304731238 NBU 205-08     |
| UT0020.458 NBU 206-9J      | 4304731165 NBU 206-09     |
| UT0020.417 NBU 207-4J      | 4304731177 NBU 207-04     |
| UT0020.160 NBU 210-24J     | 4304731153 NBU 210-24     |
| UT0020.271 NBU 211-20      | 4304731156 NBU 211-20     |
| UT0020.260 NBU 212-19J     | 4304731267 NBU 212-19     |
| UT0020.352 NBU 213-36J     | 4304731268 NBU 213-36     |
| UT0020.525 NBU 217-2       | 4304731282 NBU 217-02     |
| UT0020.503 NBU 218-17V     | 4304731310 NBU 218-17     |
| UT0020.161 NBU 219-24V     | 4304731308 NBU 219-24     |
| UT0020.162 NBU 301-24E     | 4304732131 NBU 301-24E    |
| UT0020.459 NBU 302-9E      | 4304732010 NBU 302-9E     |
| UT0020.117 NBU 304-18E     | 4304732130 NBU 304-18E    |
| UT0020.34 NBU 305-7E       | 4304732135 NBU 305-07E    |
|                            |                           |

A contract of the second

A M

| UT0020.118 | NBU 306-18E               | 4304732282 NBU 306-18E                           |
|------------|---------------------------|--------------------------------------------------|
|            | NBU 307-6E                | 4304732014 NBU 307-6E                            |
|            | NBU 308-20E               | 4304732202 NBU 308-20E                           |
|            | NBU 309-20E               | 4304732283 NBU 309-20E                           |
|            | NBU 311-23E               | 4304732203 NBU 311-23E                           |
|            | NBU 313-29E               | 4304732378 NBU 313-29E                           |
| UT0020.23  |                           | 4304732271 NBU 314-03E                           |
|            | NBU 316-17E               | 4304732381 NBU 316-17E                           |
| UT0020.01  |                           | 4304732362 NBU 317-12E                           |
|            | NBU 318-36E               | 4304732204 NBU 318-36E                           |
| UT0020.54  |                           | 4304732379 NBU 321-10E                           |
|            | NBU 322-15E               | 4304733139 NBU 322-15E                           |
|            | NBU 325-8E                | 4304732376 NBU 325-8E                            |
|            | NBU 326-4E                | 4304733697 NBU 326-04E                           |
|            | NBU 328-13E               | 4304732386 NBU 328-13E                           |
|            | NBU 329-29E               | 4304732229 NBU 329-29E                           |
|            | NBU 331-35E               | 4304732147 NBU 331-35E                           |
|            | NBU 332-8E                | 4304732148 NBU 332-08E                           |
| UT0020.18  |                           | 4304732518 NBU 333-2E                            |
|            | NBU 335-23E               | 4304732265 NBU 335-23E                           |
|            | NBU 336-24E               | 4304732264 NBU 336-24E                           |
|            | NBU 339-19E               | 4304732281 NBU 339-19E                           |
|            | NBU 340-20E               | 4304732327 NBU 340-20E                           |
|            | NBU 341-29E               | 4304733055 NBU 341-29E                           |
|            | NBU 342-35E               | 4304732212 NBU 342-35E                           |
|            | NBU 343-36E               | 4304732205 NBU 343-36E                           |
|            | NBU 349-7E                | 4304732326 NBU 349-07E                           |
|            | NBU 352-10E               | 4304732519 NBU 352-10E                           |
|            | NBU 356-29E               | 4304732383 NBU 356-29E                           |
|            | NBU 358-1E<br>NBU 360-13E | 4304732388 NBU 358-1E                            |
|            | NBU 376-05E               | 4304732387 NBU 360-13E                           |
|            | NBU 379-02E               | 4304734214 NBU 376-05E                           |
|            | NBU 382-18E               | 4304733782 NBU 379-02E                           |
|            | NBU 386-24E               | 4304733064 NBU 382-18E                           |
|            | NBU 388-19E               | 4304733056 NBU 386-24E                           |
|            | NBU 389-29E               | 4304733057 NBU 388-19E<br>4304733049 NBU 389-29E |
|            | NBU 390-04E               | 4304732835 NBU 390-4E                            |
|            | NBU 391-5E                | 4304732988 NBU 391-05E                           |
|            | NBU 392-6E                | 4304732988 NBU 391-05E                           |
|            | NBU 393-13E               | 4304733071 NBU 393-13E                           |
|            | NBU 394-13E               | 4304733072 NBU 394-13E                           |
| UT0020.63  |                           | 4304732544 NBU 400-11E                           |
|            | NBU 421-29E               | 4304734216 NBU 421-29E                           |
|            | NBU 422-29E               | 4304733698 NBU 422-29E                           |
|            | NBU 423-30E               | 4304734206 NBU 423-30E                           |
|            | NBU 424-32E               | 4304733699 NBU 424-32E                           |
| UT0020.460 |                           | 4304733069 NBU 431-09E                           |
|            | NBU 436-18E               | 4304734195 NBU 436-18E                           |
| UT0020.24  | NBU 481-3E                | 4304733063 NBU 481-03E                           |
|            | NBU 483-19E               | 4304733065 NBU 483-19E                           |
|            | NBU 484-20E               | 4304733784 NBU 484-20E                           |
|            | · - · - · - · - ·         |                                                  |
|            |                           |                                                  |

| UT0020.36 NBU 489-7  | 'E 4304733121 NBU 489-07E | 89-07E |  |
|----------------------|---------------------------|--------|--|
| UT0020.362 NBU 497-1 |                           | 97-1E  |  |
| UT0020.16 NBU 506-2  | 3E 4304733140 NBU 506-23E | 06-23E |  |
| UT0020.451 NBU 508-8 | BE 4304733124 NBU 508-8E  | 08-8E  |  |
| UT0020.363 NBU 516-1 | 2E 4304733696 NBU 516-12E | 16-12E |  |
| UT0020.25 NBU 519-3  | E 4304733779 NBU 519-03E  | 19-03E |  |
| UT0020.40 NBU 521-0  | 8E 4304733780 NBU 521-08E | 21-08E |  |
| UT0020.56 NBU 522-1  |                           | 22-10E |  |
| UT0020.364 NBU 523-1 | 100 17 00000 1100 020 120 | 23-12E |  |
| UT0020.365 NBU 524-1 |                           | 24-12E |  |
| UT0020.712 NBU 534-1 | 8E 4304734639 NBU 534-18E | 34-18E |  |

1368 South 1200 East Vernal Utah 84078 Telephone: 435 789 4433 Fax: 435 789 4436

July 28, 2005

Dustin Doucet
Petroleum Engineer
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-5801

RE: Extended Shut-in and Temporary Abandonment Well Requirements for Fee or State Leases.

Dear Mr. Doucet:

This letter is in response to your June 30, 2005, correspondence Extended Shut-in and Temporary Abandoned Well Requirements. Westport personnel have reviewed the well listed and propose the following plans:

Lookout Point State 1-16 (API 4304730544): This well was returned to production in April 2005 after expansion of the low pressure gathering system in the vicinity. Notification via sundry notice will be forthcoming.

CIGE 161 (API 4304732168): The well will be cleaned out, stimulated and returned to production when we can get a rig to it. It should be capable of production into the expanded low pressure gathering system noted above.

As you know, we are actively plugging wells in Greater Natural Buttes at present. It is our intent to submit P&A procedures for the following wells in the next several weeks and schedule them in the current P&A activity:

KENNEDY WASH 16-1 (API 4304733589) CIGE 282 (API 4304734436) NBU 24N2 (API 4304730535) NBU 318-36E (API 4304732204)

If you have any questions, please contact me at (435) 781-7024 or Steve McPherson at (435) 781-7037.

Sincerely,

Regulatory Analyst

RECEIVED
AUG 0 1 2005

DIV. OF OIL, GAS & MINING

## Division of Oil, Gas and Mining OPERATOR CHANGE WORKSHEET

### 1. DJJ 2. CDW

### X Change of Operator (Well Sold)

### Operator Name Change/Merger

| The operator of the well(s) listed below has char           | ged, effective:                       |                   |               | 1/6/2006       |            |                                              |
|-------------------------------------------------------------|---------------------------------------|-------------------|---------------|----------------|------------|----------------------------------------------|
| FROM: (Old Operator):                                       |                                       | TO: (New Op       | perator):     |                |            |                                              |
| N2115-Westport Oil & Gas Co., LP                            |                                       | N2995-Kerr-M      | -             | Gas Onshor     | e, LP      |                                              |
| 1368 South 1200 East                                        |                                       |                   | outh 1200     |                | ,          |                                              |
| Vernal, UT 84078                                            | •                                     | Vernal,           | , UT 84078    | }              |            |                                              |
| Phone: 1-(435) 781-7024                                     |                                       | Phone: 1-(435)    | 781-7024      |                |            |                                              |
| CA No.                                                      |                                       | Unit:             |               | ATURAL B       | UTTES      | UNIT                                         |
| WELL NAME                                                   | SEC TWN RNG                           | API NO            | ENTITY        | LEASE          | WELL       | WELL                                         |
|                                                             | 1.1                                   |                   | NO            | TYPE           | TYPE       | STATUS                                       |
| OPERATOR CHANGES DOCUMENT                                   | ATION                                 |                   |               |                |            |                                              |
| Enter date after each listed item is completed              |                                       |                   |               |                |            |                                              |
| 1. (R649-8-10) Sundry or legal documentation wa             | as received from the                  | FORMER ope        | rator on:     | 5/10/2006      |            |                                              |
| 2. (R649-8-10) Sundry or legal documentation wa             |                                       | -                 |               | 5/10/2006      | •          |                                              |
| 3. The new company was checked on the Depart                |                                       | -                 |               | s Database o   | n:         | 3/7/2006                                     |
| 4a. Is the new operator registered in the State of U        | Jtah: YES                             | Business Numb     | er:           | 1355743-018    | 1          | <del></del>                                  |
| 4b. If $NO$ , the operator was contacted contacted of       | on:                                   | •                 |               |                |            |                                              |
| 5a. (R649-9-2)Waste Management Plan has been re             | eceived on:                           | IN PLACE          |               |                |            |                                              |
| 5b. Inspections of LA PA state/fee well sites comp          | lete on:                              | n/a               | 3 LA well:    | s & all PA w   | ells trans | sferred                                      |
| 5c. Reports current for Production/Disposition & S          | Sundries on:                          | ok                |               |                |            |                                              |
| 6. Federal and Indian Lease Wells: The                      | BLM and or the H                      | BIA has appro     | ved the n     | nerger, nan    | ie chan    | ge,                                          |
| or operator change for all wells listed on Feder            | al or Indian leases o                 | n:                | BLM           | 3/27/2006      | BIA        | not yet                                      |
| 7. Federal and Indian Units:                                |                                       |                   |               |                |            |                                              |
| The BLM or BIA has approved the successor                   |                                       |                   |               | 3/27/2006      |            |                                              |
| 8. Federal and Indian Communization                         | •                                     | ,                 |               | ,              |            |                                              |
| The BLM or BIA has approved the operator                    |                                       |                   |               | n/a            | -ff A      |                                              |
| 9. Underground Injection Control ("U                        | ,                                     | vision has appro  |               |                | sier of A  | uthority to                                  |
| Inject, for the enhanced/secondary recovery ur  DATA ENTRY: | involoject for the wa                 | iter disposar wer | i(s) fisted c | )II:           |            |                                              |
| 1. Changes entered in the Oil and Gas Database              | An.                                   | 5/15/2006         |               |                |            |                                              |
| 2. Changes have been entered on the <b>Monthly O</b>        |                                       |                   |               | 5/15/2006      |            |                                              |
| 3. Bond information entered in RBDMS on:                    |                                       | 5/15/2006         |               |                |            |                                              |
| 4. Fee/State wells attached to bond in RBDMS or             | ı:                                    | 5/16/2006         |               |                |            |                                              |
| 5. Injection Projects to new operator in RBDMS of           |                                       |                   |               |                |            |                                              |
| 6. Receipt of Acceptance of Drilling Procedures f           |                                       |                   | n/a           | Name Chan      | ge Only    |                                              |
| BOND VERIFICATION:                                          | · · · · · · · · · · · · · · · · · · · |                   |               |                | •          | ,                                            |
| 1. Federal well(s) covered by Bond Number:                  |                                       | CO1203            |               |                |            |                                              |
| 2. Indian well(s) covered by Bond Number:                   |                                       | RLB0005239        |               |                |            |                                              |
| 3. (R649-3-1) The NEW operator of any fee well-             | (s) listed covered by                 | Bond Number       |               | RLB0005236     | ,          |                                              |
| a. The FORMER operator has requested a release              | of liability from the                 | ir bond on:       | n/a           | rider added    | KMG        |                                              |
| The Division sent response by letter on:                    |                                       |                   | · ——          |                |            |                                              |
| LEASE INTEREST OWNER NOTIFIC                                |                                       |                   |               |                |            |                                              |
| 4. (R649-2-10) The <b>FORMER</b> operator of the fee        |                                       |                   | _             | ter from the I | Division   |                                              |
| of their responsibility to notify all interest owne         | rs of this change on                  | •<br>•            | 5/16/2006     |                |            | <u>.                                    </u> |
| COMMENTS:                                                   |                                       |                   |               |                |            |                                              |
|                                                             |                                       |                   |               |                |            |                                              |

4 Form 3 160-5 (August 1999)

### **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0135 Expires Jnovember 30, 2000

5. Lease Serial No.

### SUNDRY NOTICES AND REPORTS ON WELLS

|                                                                                                                                                                                                 |                                                                         |                                                    |                                          | MULTIPLE LEASES                               |                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------|--|
| Do not use this form for proposals to drill or reenter an abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                             |                                                                         |                                                    |                                          | 6. If Indian, Allottee or Tri                 | be Name                  |  |
|                                                                                                                                                                                                 | ICATE Other instru                                                      | ctions on rever                                    | se side                                  | 7. If Unit or CA/Agreemen                     | t, Name and/or No.       |  |
| I. Type of Well  Oil Well  Gas Well                                                                                                                                                             |                                                                         |                                                    |                                          |                                               |                          |  |
| 2. Name of Operator                                                                                                                                                                             | Other Other                                                             |                                                    |                                          | 8. Well Name and No.                          |                          |  |
| KERR-McGEE OIL & GAS (                                                                                                                                                                          | NSHORE LP                                                               |                                                    |                                          | MUTIPLE WELLS 9. API Well No.                 | <u> </u>                 |  |
| 3a. Address                                                                                                                                                                                     | THO TORLE                                                               | 3b. Phone No. (inc                                 | lude area code)                          | AFI WEIT NO.                                  |                          |  |
| 1368 SOUTH 1200 EAST V                                                                                                                                                                          | ERNAL, UT 84078                                                         | (435) 781-7024                                     |                                          | 10. Field and Pool, or Explo                  | ratory Area              |  |
| 4. Location of Well (Footage, Sec.,                                                                                                                                                             | T., R., M., or Survey Description                                       | on)                                                |                                          | 1                                             | •                        |  |
| <b></b>                                                                                                                                                                                         |                                                                         |                                                    |                                          | 11. County or Parish, State                   |                          |  |
| SEE ATTACHED                                                                                                                                                                                    |                                                                         |                                                    |                                          | UINTAH COUNTY, U                              | TAH                      |  |
| 12. CHECK APP                                                                                                                                                                                   | ROPRIATE BOX(ES) TO I                                                   | NDICATE NATUR                                      | F OF NOTICE I                            | REPORT, OR OTHER DAT                          |                          |  |
| TYPE OF SUBMISSION                                                                                                                                                                              |                                                                         |                                                    | YPE OF ACTION                            |                                               | <u> </u>                 |  |
| Notice of Intent                                                                                                                                                                                |                                                                         |                                                    |                                          |                                               |                          |  |
| 1 Nonce of Intent                                                                                                                                                                               | Acidize Alter Casing                                                    | Deepen Fracture Treat                              | Production Reclamation                   | n (Start/Resume) 🔲 Water S<br>on 🔲 Well Int   |                          |  |
| Subsequent Report                                                                                                                                                                               | Casing Repair                                                           | New Constructio                                    |                                          | •                                             | CHANGE OF                |  |
| Final Abandonment Notice                                                                                                                                                                        | Change Plans Convert to Injection                                       | Plug and Abando Plug Back                          | n Temporari Water Disp                   | ly Abandon OPERA                              | TOR                      |  |
| If the proposal is to deepen directional Attach the Bond under which the wor following completion of the involved testing has been completed. Final Aldetermined that the site is ready for fin | operations. If the operation results  sandonment Notices shall be file. | he Bond No. on file wi<br>Its in a multiple comple | th BLM/BIA. Requi                        | ired subsequent reports shall be fi           | iled within 30 days      |  |
| PLEASE BE ADVISED THAT<br>OPERATOR OF THE ATTAC<br>KERR-McGEE OIL & GAS C<br>OF THE LEASE(S) FOR TH                                                                                             | CHED WELL LOCATIO<br>DNSHORE LP, IS RESP<br>E OPERATIONS CONF           | NS. EFFECTIV<br>PONSIBLE UNDI<br>DUCTED UPON       | E JANUARY 6<br>ER TERMS AN<br>LEASE LAND | i, 2006.<br>ND CONDITIONS<br>S. BOND COVERAGE | RECEIVED<br>MAY 1 0 2006 |  |
| BLM B<br>BIA B                                                                                                                                                                                  | ONO = C 0/203<br>ONO = RLB 001                                          | 1 BOND NO. RLE<br>A<br>05239                       | SPPROVE<br>Carlene                       | D <u>5/16/06</u><br>Russell                   | V. OF OIL, GAS & MINING  |  |
| 14. I hereby certify that the foregoing                                                                                                                                                         | g is true and correct                                                   |                                                    | ivision of Oil,                          | Gas and Mining                                |                          |  |
| Name (Printed/Typed) RANDY BAYNE                                                                                                                                                                |                                                                         | I                                                  |                                          | Engineering Technicia                         | n                        |  |
| Signature /                                                                                                                                                                                     |                                                                         | DRILLING MA                                        | NAGER                                    |                                               |                          |  |
| Kanky & Sayre                                                                                                                                                                                   |                                                                         | May 9, 2006                                        |                                          |                                               |                          |  |
|                                                                                                                                                                                                 | THIS SPACE                                                              | FOR FEDERAL OF                                     | STATE USE                                |                                               |                          |  |
| Approved by                                                                                                                                                                                     |                                                                         | Title                                              |                                          | Date                                          |                          |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct                                                        | table title to those rights in the subj                                 | varrant or Office                                  |                                          |                                               | <del></del>              |  |

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any

false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Form 3 160-5 (August 1999)

### **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0135 Expires Inovember 30, 2000

### SUNDRY NOTICES AND REPORTS ON WELLS

MULTIPLE LEASES

5. Lease Serial No.

|                                                                                                                                                                                                     | form for proposals to<br>Use Form 3160-3 (APD                                                                                                            |                                                                                                                | 6. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBMIT IN TRIPL                                                                                                                                                                                     | ICATE – Other instru                                                                                                                                     | ictions on reverse side                                                                                        | 7. If Unit or CA/A greement, Name and/or No.                                                                                                                                                                                                                                         |
| I. Type of Well Oil Well X Gas Well  2. Name of Operator                                                                                                                                            | Other                                                                                                                                                    |                                                                                                                | 8. Well Name and No.  MUTIPLE WELLS                                                                                                                                                                                                                                                  |
| WESTPORT OIL & GAS CO                                                                                                                                                                               | DMPANY L.P.                                                                                                                                              |                                                                                                                | 9. API Well No.                                                                                                                                                                                                                                                                      |
| 3a. Address                                                                                                                                                                                         |                                                                                                                                                          | 3b. Phone No. (include area code)                                                                              | 1                                                                                                                                                                                                                                                                                    |
| 1368 SOUTH 1200 EAST \                                                                                                                                                                              |                                                                                                                                                          | (435) 781-7024                                                                                                 | 10. Field and Pool, or Exploratory Area                                                                                                                                                                                                                                              |
| 4. Location of Well (Footage, Sec.,                                                                                                                                                                 | T., R., M., or Survey Description                                                                                                                        | on)                                                                                                            |                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     |                                                                                                                                                          |                                                                                                                | 11. County or Parish, State                                                                                                                                                                                                                                                          |
| SEE ATTACHED                                                                                                                                                                                        |                                                                                                                                                          |                                                                                                                | UINTAH COUNTY, UTAH                                                                                                                                                                                                                                                                  |
| 10 CHECK ARE                                                                                                                                                                                        | DODDI. WE DOLLAR                                                                                                                                         |                                                                                                                |                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     | ROPRIATE BOX(ES) TO                                                                                                                                      | INDICATE NATURE OF NOTICE, I                                                                                   | REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                |
| TYPE OF SUBMISSION                                                                                                                                                                                  |                                                                                                                                                          | TYPE OF ACTIO                                                                                                  | N                                                                                                                                                                                                                                                                                    |
| Notice of Intent  Subsequent Report                                                                                                                                                                 | Acidize Alter Casing Casing Repair                                                                                                                       | Deepen Production Fracture Treat Reclamati New Construction Recomple                                           |                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     | Change Plans                                                                                                                                             | ·                                                                                                              | ly Abandon OPERATOR                                                                                                                                                                                                                                                                  |
| Final Abandonment Notice                                                                                                                                                                            | Convert to Injection                                                                                                                                     | Plug Back Water Dis                                                                                            |                                                                                                                                                                                                                                                                                      |
| Attach the Bond under which the wo following completion of the involved testing has been completed. Final A determined that the site is ready for fin EFFECTIVE JANUARY 6, 20 THE OPERATORSHIP OF T | any or recomplete nonzontally, gork will be performed or provide a operations. If the operation results bandonment Notices shall be file all inspection. | ve subsurface locations and measured and the<br>the Bond No. on file with BLM/BIA. Requestion or recompletion. | any proposed work and approximate duration thereof be vertical depths of all pertinent markers and zones, ired subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once amation, have been completed, and the operator has EELINQUISHED |
| ONSHORE LP.                                                                                                                                                                                         | APPR                                                                                                                                                     | OVED 5/16/06                                                                                                   |                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     | 0                                                                                                                                                        | 7 10 06                                                                                                        | RECEIVED                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                     | Ċa                                                                                                                                                       | rlone Russell                                                                                                  |                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     | DIVISION                                                                                                                                                 | Of Utt. Cise and Minima                                                                                        | MAY 1 0 2006                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                     | Earlene I                                                                                                                                                | Russell, Engineering Technicia                                                                                 | 1                                                                                                                                                                                                                                                                                    |
| 14. I hereby certify that the foregoing                                                                                                                                                             |                                                                                                                                                          |                                                                                                                | DIV OF QIL, GAS & MINING                                                                                                                                                                                                                                                             |
| Name (Printed/Typed)                                                                                                                                                                                | ,                                                                                                                                                        | Title                                                                                                          |                                                                                                                                                                                                                                                                                      |
| BRAD LANEY                                                                                                                                                                                          |                                                                                                                                                          | ENGINEERING SPECIALIS                                                                                          | T                                                                                                                                                                                                                                                                                    |
| Signature                                                                                                                                                                                           |                                                                                                                                                          | Date<br>May 9, 2006                                                                                            |                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                     | THIS SPACE                                                                                                                                               | FOR FEDERAL OR STATE USE                                                                                       |                                                                                                                                                                                                                                                                                      |
| Approved by                                                                                                                                                                                         | THO OT ACL                                                                                                                                               | Title                                                                                                          | Date                                                                                                                                                                                                                                                                                 |
| Grad Janus                                                                                                                                                                                          |                                                                                                                                                          |                                                                                                                | 5-9-06                                                                                                                                                                                                                                                                               |
| Conditions of approval, if any, are attached certify that the applicant holds legal of equi which would entitle the applicant to conduct                                                            | table title to those rights in the subj                                                                                                                  | varrant or Office ject lease                                                                                   | V 1 V 0                                                                                                                                                                                                                                                                              |

Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES

| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5. LEASE DESIGNATION AND SERIAL NUMBER: ML-22650                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                       |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.                                                                                                                                                                                                                                                                                 | 7. UNIT or CA AGREEMENT NAME: Natural Buttes Unit  8. WELL NAME and NUMBER: |
| 1. TYPE OF WELL OIL WELL GAS WELL OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Natural Buttes Unit 318-36E                                                 |
| 2. NAME OF OPERATOR:<br>EOG RESOURCES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9. API NUMBER:<br>43-047-32204                                              |
| 3. ADDRESS OF OPERATOR: 1060 East Highway 40 CITY Vernal STATE UT ZIP 84078 PHONE NUMBER: (435) 781-9111                                                                                                                                                                                                                                                                                                                                                                                                                         | 10. FIELD AND POOL, OR WILDCAT: NATURAL BUTTES                              |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: 1869 FNL 1482 FEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COUNTY: UINTAH                                                              |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SWNE 36 9S 22E S                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STATE: UTAH                                                                 |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REF                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PORT, OR OTHER DATA                                                         |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start:  Approximate date work will start:  CASING REPAIR  CHANGE TO PREVIOUS PLANS  OPERATOR CHANGE  CHANGE TUBING  CHANGE TUBING  CHANGE WELL NAME  PLUG AND ABANDON  CHANGE WELL STATUS  PRODUCTION (START/RESUME)  COMMINGLE PRODUCING FORMATIONS  RECLAMATION OF WELL SITE  CONVERT WELL TYPE  RECOMPLETE - DIFFERENT FORMATION  The referenced well was plugged and abandoned as per the attached procedure.  The dry hole marker was installed 4/8/2006. |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RECEIVED ,                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FEB 0 5 2007                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DIV. OF OIL, GAS & MINING                                                   |
| NAME (PLEASE PRINT) Kaylene R. Gardner TITLE Sr. Regulatory                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | / Assistant                                                                 |
| SIGNATURE VILLE 2/2/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |
| (This space for State use only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |

(See Instructions on Reverse Side)

### WELL CHRONOLOGY REPORT

Report Generated On: 02-02-2007

| Well Name     | NBU 318-36E                 | Well Type         | P&A                | Division      | DENVER     |
|---------------|-----------------------------|-------------------|--------------------|---------------|------------|
| Field         | NATURAL BUTTES UNIT         | API#              | 430473220400       | Well Class    | P&A        |
| County, State | UINTAH, UT                  | Spud Date         | 04-28-1992         | Class Date    | 06-12-1992 |
| Tax Credit    | N                           | TVD / MD          | 7,275/ 7,275       | Property #    | 021204     |
| Water Depth   | 0                           | Last CSG          | 0.0                | Shoe TVD / MD | 0/ 0       |
| KB / GL Elev  | 4,977/ 4,965                |                   |                    |               |            |
| Location      | Section 36, T9S, R22E, (SW/ | NE), 1869 FNL & 1 | 482 FEL            |               |            |
| Event No      | 2.0                         | Description       | P&A – WASATCH IN U | UNECONOMICAL  |            |

| AFE No              | 303098      |                  | AFE Total  |             |       | DHC/     | CWC     |                 |     |
|---------------------|-------------|------------------|------------|-------------|-------|----------|---------|-----------------|-----|
| Rig Contr           |             | Rig Name         | ROYAL RIG  | Start Date  | 09-   | -21-2005 | Release | Date            |     |
| 09-21-2005          | Reported By |                  |            |             |       |          |         |                 |     |
| DailyCosts: Drillin | ıg \$0      |                  | Completio  | on \$0      |       | Dail     | y Total | \$0             |     |
| Cum Costs: Drillin  | ng \$0      |                  | Completio  | on \$0      |       | Wel      | l Total | \$0             |     |
| <b>MD</b> 7,275     | TVD         | 7,275            | Progress 0 | Days        | 0     | MW       | 0.0     | Visc            | 0.0 |
| Formation: WASA     | тсн         | <b>PBTD</b> : 67 | 46.0       | Perf: 6624- | -5909 |          | PKR De  | <b>pth:</b> 0.0 |     |

66.667

Activity at Report Time: LOCATION DATA

Operator

Start End Hrs Activity Description
06:00 06:00 24.0 LOCATION DATA

EOG RESOURCES, INC

1869' FNL & 1482' FEL (SW/NE) SECTION 36, T9S, R22E UINTAH COUNTY, UTAH

WI %

LEASE: ML-22650

ELEVATION: 4967' NAT GL, 4965' PREP GL, 4977' KB (12')

EOG WI 66.67%, NRI 46.56164%

The Wasatch is uneconomical and EOG Resources does not have any Green River rights in this well. Therefore, the well will be plugged and abandoned.

46.562

NRI %

| 04-06-20                                         | -06-2006 Reported By |        | By Ll                   | LEE GARDINER             |   |                              |                           |    |                 |      |     |  |
|--------------------------------------------------|----------------------|--------|-------------------------|--------------------------|---|------------------------------|---------------------------|----|-----------------|------|-----|--|
| DailyCosts: Drilling \$0 Cum Costs: Drilling \$0 |                      |        | 0                       | Completion<br>Completion |   |                              | Daily Total<br>Well Total |    |                 |      |     |  |
|                                                  |                      |        | )                       |                          |   |                              |                           |    |                 |      |     |  |
| MD                                               | 7,275                | TVD    | 7,275                   | Progress                 | 0 | Days                         | 0                         | MW | 0.0             | Visc | 0.0 |  |
| Formation: WASATCH PBTD:                         |                      |        | 6746.0 <b>Perf</b> : 66 |                          |   | 24-5909 <b>PKR Depth</b> : 0 |                           |    | <b>pth:</b> 0.0 |      |     |  |
| Activity a                                       | t Report Ti          | me: PA |                         |                          |   |                              |                           |    |                 |      |     |  |
| Start                                            | End                  | Hrs    | Activity Description    |                          |   |                              |                           |    |                 |      |     |  |

12.5 SICP 800 PSIG. SITP 500 PSIG. MIRUSU. ND TREE. NU BOPE. POH W/194 JTS, 1.9", 2.75#, J-55 TBG. RIH W/175

19:30

Start

End

Hrs

**Activity Description** 

07:00 JTS 2-3/8", 4.7#, N-80 TUBING. SDFN. LEE GARDINER 04-07-2006 Reported By \$0 **Daily Total** Completion **DailyCosts: Drilling** Well Total \$0 Completion **Cum Costs: Drilling** 0.0 0.0 0 0 Visc 7,275 TVD 7,275 **Progress** Days MW MD PKR Depth: 0.0 **PBTD**: 6746.0 Perf: 6624-5909 Formation: WASATCH Activity at Report Time: P&A Activity Description Start End Hrs 11.0 SICP 650 PSIG. SITP 600 PSIG. FINISH RIH W/2-3/8" TBG. TAG FILL @ 6658'. POH & LAND EOT @ 6651' (7' 07:00 18:00 BELOW BOTTOM PERF). RU SCHLUMBERGER. PUMP 5 BBLS H2O, 22 BBLS CEMENT SLURRY AND 17 BBLS DISPLACEMENT. SD PUMPING & CLEAR LINES, TUBING STUCK. PULLED 40-50K. TUBING PARTED 180' FROM SURFACE. ATTEMPT TO PUMP CEMENT INTO PERFS. PRESSURE INCREASE TO 3000 PSIG WITH NO MOVEMENT. RIH W/O-SHOT AND LATCH ONTO FISH. PULL 35,000 LBS (10,000 OVER STRING WT). COULD NOT MOVE TBG. RIH W/WIRELINE & TBG CUTTER. COULD NOT GET PAST 1890', POH W/CUTTER & RIH W/SINKER BARS + 1 11/16" GAUGE RINGTO 3041'. POH & RIH W1 5/8" GUAGE RING TO SAME DEPTH. POH W/WIRELINE. SDFN. LEE GARDINER 04-08-2006 Reported By DailyCosts: Drilling \$0 Completion **Daily Total** Well Total Completion \$0 **Cum Costs: Drilling** 0.0 0.0 0 0 MW Visc MD 7,275 **TVD** 7,275 **Progress** Days Perf: 6624-5909 PKR Depth: 0.0 **PBTD:** 6746.0 Formation: WASATCH Activity at Report Time: P&A **Activity Description** Start End Hrs 7.5 SITP 0 PSIG. SICP 0 PSIG. RUWL. RIH W/11' X 1" SINKER BAR. SET DOWN @ 3041'. CUT OFF TUBING @ 3032'. 07:00 14:30 POH, LD OVERSHOT, RIH TO TAG TOP OF TUBING @ 3032', TESTED CASING & BOTTOM PLUG TO 1500 PSIG. NO LEAK OFF, SPOTTED BALANCED PLUG FROM 3029' TO 1529' W/100 SX CLASS G CEMENT W/2% CACL2. POH. RDMOSU. RUWL. PERFORATED @ 290' W/4 HOLES. RDWL. RU SCHLUMBERGER. PUMPED 88 BBLS FRESH WATER DOWN 4-1/2" CASING, W/NO RETURNS UP 9-5/8" SURFACE CASING. PUMPED 110 SKS CLASS 'G' CEMENT W/2% CACL2 DOWN 4-1/2" CASING FOLLOWED BY 5 BBLS DISPLACEMENT. NO RETURNS. SD FOR 2.5 HRS. WELL ON VACUUM. RU SCHLUMBERGER. PUMPED 80 BBLS H20 DOWN 4-1/2 CASING W/NO RETURNS, PUMPED 200 SX CLASS 'G' CEMENT W/2% CACL2 DOWN 4-1/2" CASING. DISPLACED W/5 BBLS H2O, WELL ON VACUUM, SI, SDFN. LEE GARDINER Reported By 04-09-2006 \$0 **Daily Total** Completion DailyCosts: Drilling **Well Total** \$0 Completion **Cum Costs: Drilling** 0.0 0.0 0 0 MWVisc MD 7,275 TVD 7,275 **Progress** Days PKR Depth: 0.0 **PBTD**: 6746.0 Perf: 6624-5909 Formation: WASATCH Activity at Report Time: P&A

Well Name: NBU 318-36E

07:00 17:00

10.0 SICP 0 PSIG. RU SCHLUMBERGER. PUMPED 17 BBLS FRESH H20 DOWN 4–1/2" CASING TO ESTABLISH RETURNS UP 9–5/8" SURFACE CASING. PUMPED 10 SKS CLASS 'G' CEMENT W/2% CACL2 DOWN 4–1/2" CASING AND LOST CIRCULATION. CONTINUED TO PUMP 180 SX CEMENT FOLLOWED BY 5 BBLS DISPLACEMENT. WOC 2.5 HRS. PUMPED 17 BBLS FRESH WATER DOWN 4–1/2" CASING TO ESTABLISH RETURNS UP 9–5/8" SURFACE CASING. PUMP 10 SX CLASS 'G' CEMENT SLURRY W/2% CACL2 DOWN 4–1/2" CASING AND LOST CIRCULATION. CONTINUE TO PUMP 170 SX CEMENT. RE–ESTABLISHED CIRCULATION. PUMPED ADDITIONAL 10 SX CEMENT AND RAN OUT OF CEMENT. DISPLACED W/5 BBLS FRESH WATER. WOC 3.5 HRS. PUMPED 5 BBLS FRESH WATER DOWN 4–1/2" CASING & UP 9–5/8" SURFACE CASING TO ESTABLISH RETURNS. PUMP 150 SKS CLASS 'G' CEMENT W/2% CACL2 4–1/2" CASING & UP 9–5/8" CASING TO SURFACE. CUT OFF TUBING HEAD. WELD ON MARKER PLATE. RD SCHLUMBERGER.

WITNESSED BY DAVE HACKFORD 4/7/06 WITNESSED BY FLOYD BARTLETT 4/8/06